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Official Records

99th plenary meeting
Thursday, 9 June 2016, 10 a.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Ms. Marlene Moses (Nauru), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Bearing in mind the tight schedule of Ministers, as well as of other representatives, I would like to strongly encourage delegations to limit their statements to the prescribed times of five minutes, when speaking in their national capacity, and to eight minutes, when speaking on behalf of a group. That will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their texts and to submit their full-length statements to the Secretariat for posting on the PaperSmart portal.

I now give the floor to Her Excellency Ms. Lilianne Ploumen, Minister for Foreign Trade and Development Cooperation of the Netherlands.

Ms. Ploumen (Netherlands): I have the honour to speak on behalf of the European Union (EU) and its member States.

This high-level meeting on ending HIV/AIDS marks a critical juncture in our efforts against the HIV epidemic and a unique opportunity to renew the political commitments to end it within the next 15 years.

First of all, we would like to welcome the progress made to date in controlling the HIV epidemic and to commend all who have contributed to its success. However, HIV continues to be a serious disease that still impacts the lives of millions globally. Despite major achievements in the global progress to control it, efforts need to be reinforced if we are to end AIDS by 2030. We strongly welcome the outcome of the United Nations high-level meeting on HIV/AIDS yesterday (resolution 70/266, annex), which calls for an accelerated response and renewed commitments. We would like to thank the co-facilitators of this process, Ambassador Kasese-Bota of Zambia and Ambassador Lauber of Switzerland, for their able leadership in the negotiations on the document.

We welcome and support the main tenets espoused in the political outcome, as well as the calls for further tailored regional and national responses that can best address each country's specific situation. We fully endorse a human rights-based and gender-responsive approach so as to fast-track the end of AIDS, and we particularly endorse a transformative and inclusive approach to leaving no one behind, in line with the 2030 Agenda for Sustainable Development (resolution 70/1), especially with regard to those individuals most affected and most at risk of being marginalized owing to HIV/AIDS and who face multiple and intersecting forms of discrimination, such as discrimination on the basis of race, colour, sex, language, religion, political or

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other opinion, national or social origin, property, birth, disability or other status.

In our effort to control the epidemic, we need to continue to focus on those persons who are most at risk. That includes children, adolescents, young women, migrants and key populations, including men who have sex with men, people who inject drugs, sex workers and transgender people and prisoners. The EU would have appreciated even stronger language in that regard in the Declaration.

Human rights are for all, without distinction. We must recognize that AIDS can be eliminated only by addressing the human rights violations, which, sadly, are intrinsic to the epidemic. In order to make AIDS history we must also put an end to all forms of violence and discrimination, without distinction of any kind, and protect and fulfil the human rights and fundamental freedoms of all, as set out in the Universal Declaration of Human Rights. The EU and its member States remain committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences. In that context, the EU remains committed to sexual and reproductive health and rights.

With that in mind, we reaffirm our commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion or violence. We stress the need for universal access to quality and affordable comprehensive sexual and reproductive health information and education, including comprehensive sexuality education and health care services.

The epidemic continues to disproportionately affect sub-Saharan Africa, where two-thirds of all new HIV infections still occur. Women and adolescent girls are particularly at risk. Within our region, Eastern Europe is still one of the few areas where new HIV infections continue to increase. In that connection, we are seeing in Europe not only an increase in new HIV infections, but also the spread of co-infections, such as tuberculosis (TB) and hepatitis B and C, which is also worrisome. The record number of new HIV-infections in the World Health Organization's Europe region last year, the spread of multi-drug resistant TB and the increase in HIV/TB co-infections represent major health threats.

In that regard, the Sustainable Development Goals, which we adopted last year, mark a welcome shift from a focus on particular diseases to a more integrated and systemic approach to addressing the needs of all individuals. Strong health systems and universal health coverage will be essential for ending AIDS and many other diseases. It is clear that the ambitious global goals on health will be realized only if domestic funding is increased, particularly in the middle-income countries.

Recognizing the tasks ahead, we have achievements that we can point to in the EU and its member States, and we would be happy to share our experiences with other regions. We have practically eliminated mother-to-child transmission. Heterosexual transmission and intravenous drug-use transmission are also declining in the EU overall. The only upward trend in many EU countries has been among men who have sex with men, and EU member States are taking steps to address that challenge. Across the EU we have relatively high treatment coverage and linkage to care. We have relatively well-established and well-supported civil society organizations that are also directly involved in providing community-based services. Moreover, we have established cross-national research networks and infrastructures that address key research gaps, such as the development of an HIV vaccine, and we continue to provide evidence for the development of national public-health policies. We have comprehensive surveillance networks, whose functioning is embedded in legislation.

For a successful HIV response, we need to involve all the relevant actors who can make a difference. Civil society plays a crucial role. In that connection, the selection of non-governmental organizations (NGOs) for this meeting has neither been transparent nor inclusive, and the European Union and its member States, as expressed in earlier statements, are very concerned by that development. We remain strongly committed to ensuring an improved, more open and transparent process for selecting NGOs to participate in specific United Nations meetings and processes, and deeply regret that that was not possible on this occasion.

Despite the progress made over the past decades, we need to advance our efforts aimed at ending AIDS. It is also clear that we will succeed only if we work together. HIV affects all countries, which may have

very different capacities to respond to the challenge. HIV also often affects parts of the population that are marginalized or otherwise vulnerable. HIV crosses borders, and therefore requires a strong international response. We need collective action and solidarity with the people most severely affected by HIV and AIDS, those living in countries that cannot afford relevant services for everyone affected. The EU will continue to support efforts aimed at addressing HIV at home, in its neighbourhood and the world, using the financial, technical and political instruments available to it.

It is a challenge to speak not only on behalf of one's own country, but also on behalf of 27 other member countries. However, I will now speak on behalf of the Kingdom of the Netherlands.

There was a time, decades ago, when we could say that humankind had no control over AIDS. Last year alone, 1.1 million people died of AIDS-related illnesses, and 2.1 million more became infected with HIV. Currently, an estimated 19.7 million people living with HIV are not receiving therapy. That is not something over which we have no control. It is a manifestation of inequality in all its forms — social, cultural, economic and gender based.

Different forms of inequality often go hand in hand. Victims of rape, for instance, run an extra risk of becoming infected with HIV. More often than not, they are poor, and so are their rapists. Once victims are infected, they are very likely to become ill and die. That is because, although there are medical therapies to prevent that outcome, many people do not have access to them, either because they have no decent health care or because medication is either not available or too expensive. Even when access is not a problem, social stigma often is. Fear of exclusion and shame mean that even rape victims keep silent about the infection and die. That example combines all forms of inequality, and inequality of that kind affects more than just the world's poorest regions. Fifty-eight per cent of people living with HIV currently live in middle-income countries. That figure says a lot and amply illustrates an alarming phenomenon.

Although inequality between countries is fading, inequality within countries is growing. On the one hand, incomes in the countries concerned are rising, a middle class is emerging and health care is improving. On the other hand, large groups of people are not benefiting from that process. People with HIV provide a particularly distressing example. All too often, social stigma prevents them from seeking help. There are even cases in which social stigma prevents help from being offered. It is time that we as Governments, together with our civil society partners, tackle the discrimination that prevents those infected with HIV from seeking and finding assistance and treatment. We know what we have to do.

To find solutions, we need only look at each other. Active policies with regard to the sex industry over the past 15 years have reduced the number of HIV infections by three quarters in countries like India and Thailand. Harm-reduction programmes that provide information and promote needle exchange programmes for drug users have had spectacular results in Asia, and similar effects are now being seen in Kenya. Decriminalizing prostitution in New Zealand and drug use in Portugal has also yielded success. In Portugal, the number of infections decreased by a factor of 14 in as many years. And from El Salvador to the Indian state of Tamil Nadu, Governments are pursuing bold policies that save the lives of transgender people every day. We are also making progress in my own country. For example, people with HIV are now able to take out life insurance policies, while the 2018 International AIDS Conference will be held in Amsterdam, with an explicit focus on reaching the most marginalized in society.

Even though we have made progress, the current situation still gives reason for grave concern. As I said, AIDS today is a manifestation of inequality, and that inequality is a result of political choices. In 1990 many obstacles besides inequality prevented us from combating AIDS. There was no effective treatment, and there was a serious lack of insight and knowledge about the disease. But now that those barriers have been overcome, the scale of the key remaining problem — inequality — is becoming ever clearer. Girls who have been raped or are unaware of HIV; people who are afraid or unable to access condoms, care or treatment; drug users or sex workers who take risks — what they have in common is that they are between a rock and a hard place when it comes to social power relations.

The task of giving those people a voice and eradicating AIDS rests largely on the shoulders of Governments. That political responsibility should be the decisive factor in all the choices that we make. I call on Governments to place women above cultural belief, recognize their rights, deal with their disadvantaged

positions, recognize the rights of lesbian, gay, bisexual and transgender people, allow sex education, give the poorest of the poor access to care and therapy, and do not give in to religious objections to condoms. The God we share celebrates life, and AIDS is death. "Leave no one behind" — that is what we all promised to do when we pledged our support for the global goals last year. Let us practice what we preach.

The Acting President: I now give the floor to Her Excellency Ms. Elvia Violeta Menjivar, Minister of Health of the Republic of El Salvador.

Ms. Menjivar (El Salvador) (*spoke in Spanish*): My remarks are on behalf of my Government and of all sectors working on the HIV response in my country, El Salvador.

I am pleased to inform the General Assemably that El Salvador has been one of the countries that has exercised the political will to uphold its commitments to the Organization adopted in previous political declarations on containing the HIV epidemic. Over the past five years, we have made progress as a country in terms of our national response. We nave set ourselves a shared goal and, faced with an unfavourable financial situation, we are doing our best to prioritize investments in health.

The tangible results achieved by my country include a steady decline in the number of newly diagnosed cases per year, with strategies for expanding access to HIV testing; a decline in hospital mortality; and a 94 per cent decrease in mother-to-child transmission. Over the past year, we have mourned the infection of only three children. Antiretroviral therapy is provided free of charge throughout the country, and there is no waiting list for patients to begin their treatment. We have trained health personnel in the provision of care for persons with HIV, in line with the World Health Organization guidelines. We have in place an information system that enables us to better understand the epidemic and to take decisions in order to optimize our response.

We are pioneers in coordinating technical and political work. We have have set up a national commission to combat AIDS, as well as a country-wide coordinating mechanism with broad multisectoral participation, including that of persons with HIV. About 80 per cent of the investment in HIV care comes from public funds. We are thereby ensuring the sustainability of the response, as requested by the Secretary-General. As one of the countries selected to promote the 2030 Sustainable Development Agenda (resolution 70/1), we in El Salvador are more than committed to accelerating our efforts and restructuring our approach to HIV/AIDS, while seeking to empower women and working to eliminate gender inequality and any violation of the human rights of people with HIV and the rights of more vulnerable people, such as transgender women, women sex workers and men who have sex with men.

We in El Salvador have been promoting a comprehensive reform of the health system for the past six years. Two of the cross-cutting themes of the reform are social participation and human rights, with the aim of ensuring comprehensive quality care without stigma or discrimination against anyone, whether on the basis of their health status, their gender identity or their sexual orientation. For that reason, we strongly condemn hatred directed towards those groups. We are working on a new national law on HIV that would make it possible to approach the topic from the perspectives of childhood, adolescence, the workplace and the educational milieu, and that of persons deprived of their liberty and their health, among others. That will enable us to strengthen our multisectoral and participatory response.

I call upon those present to refrain from withdrawing their support for our region of the Americas, because, despite the great strides we have made, we still face challenges and financial constraints in carrying out 100 per cent of the commitments undertaken in the General Assembly, and we require technical assistance to improve our strategies so as to reach the populations at highest risk and with a high HIV viral load.

Finally, overcoming inequalities, inequities, stigma and discrimination is a moral obligation. As a country we are committed to the objectives of the 90-90-90 strategy so that our compatriots have access to comprehensive treatment and so that adolescents and adults living with HIV become aware of their status and possess the necessary information to enjoy a good quality of life. We in El Salvador are working intensively to eliminate mother-to-child transmission and, above all, to make every effort to deliver a sustained, inclusive and participatory response.

The Acting President: I now give the floor to His Excellency Mr. Ioannis Kasoulides, Minister for Foreign Affairs of the Republic of Cyprus.

Mr. Kasoulides (Cyprus): This high-level meeting comes at a very opportune moment in our global

response to the need to effectively and definitively tackle the AIDS epidemic, which for decades has claimed, and is still claiming, so many lives. Over the past 35 years, the HIV/AIDS pandemic has left no corner of the world untouched, affecting progress and development in many countries, in particular sub-Saharan Africa, and challenging all development goals. At the same time, we must acknowledge that the international community has made strides in curbing the disease. But the battle is not yet won, and we have not yet done enough.

The Political Declaration we have just committed to, entitled "On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030" (resolution 70/266, annex), is a landmark document with very ambitious, time-bound targets and recommendations without which we will not be able to successfully end the AIDS epidemic, as called for in the 2030 Agenda for Sustainable Development (resolution 70/1). We would like to express our gratitude to the two co-facilitators of the negotiation process, Ambassador Mwaba Kasese-Bota of Zambia and Ambassador Jürg Lauber of Switzerland, for this successful outcome.

Cyprus aligns itself with the statement delivered earlier on behalf of the European Union. I would like, however, to make some additional comments from a national perspective.

By global standards, the HIV/AIDS epidemic in Cyprus is still limited, despite a small increase since 2005 in diagnosed new HIV cases. That serves to remind us that the fight against the epidemic is not yet over. We need to redouble our efforts, in particular among the vulnerable groups of our society, if we want to preserve the low prevalence levels of HIV infection and to finally end the epidemic. The majority of infected people are currently receiving antiretroviral therapy. Treatment, including combination antiretroviral therapies, care, voluntary counselling and testing, are provided free by the Government in Cyprus.

Our time-bound plans of action against the epidemic are systematically updated and adjusted based on new knowledge and experience and technological advances. The protection of human rights constitutes the cornerstone of our AIDS response policy. In our campaign against HIV/AIDS, we follow a multisectoral, rights-based, all-inclusive approach is followed that aims at preventing HIV infections and at providing care and support for people living with HIV/AIDS. All competent Governmental authorities, the private sector, civil society and non-governmental organizations actively promote the inclusion of all segments of society, especially the vulnerable, in promoting public awareness of HIV and in alleviating stigma and discrimination.

As the Secretary-General states in his report (A/70/811), despite the remarkable progress made globally, if we accept the status quo the epidemic will rebound and treatment costs will increase sharply. The indivisibility and integrated nature of the Sustainable Development Goals mean that, unless we tackle the AIDS epidemic and other infectious diseases and meet the health challenges of our time, we will not be able to meet the 2030 deadline for all of the other Sustainable Development Goals and targets. On the other hand, a fast-track, multisectoral response to AIDS will lead to concurrent progress on all Sustainable Development Goals, including, among others, those on poverty reduction, food and nutrition security, gender equality, reducing inequalities and promoting human rights, justice and the rule of law.

Political leadership is indispensable on the road ahead, and is a major asset in our response to AIDS. But practical and financial support is equally essential, in particular to the most vulnerable. Cyprus joins the international community in renewing the effort to work with diligence and determination — globally, regionally and nationally — at the highest political level in order to achieve our commitments to ultimately realizing our common objective of ending the AIDS epidemic by 2030. The Political Declaration adopted yesterday by the Assembly sends a strong message across the globe that the international community is determined and united to do everything possible to attain a world free of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Terrance Deyalsingh, Minister of Health of the Republic of Trinidad and Tobago.

Mr. Deyalsingh (Trinidad and Tobago): I have the honour to convey greetings on behalf of the Government and the people of the Republic of Trinidad and Tobago, led by The Honourable Prime Minister Keith Rowley.

I also wish to align myself with the statement delivered yesterday (see A/70/PV.97) by The Honourable Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

As we set our course to end the epidemic of HIV/AIDS in Trinidad and Tobago, consistent with the 2030 Agenda for Sustainable Development (resolution 70/1), a renewed focus has been brought to bear on the execution of our national strategic plan. In terms of the institutional and organizational responsibility for the roll-out of that strategy, the Government recently took the decision, at the behest of the Prime Minister, to locate the national AIDS coordinating committee within the Office of the Prime Minister. That strategic decision is emblematic of the level of importance that the Prime Minister and the Government attach to dealing effectively with HIV/AIDS. The national AIDS strategy prioritizes five critical areas, namely, prevention, treatment, care and support, advocacy, and human rights. Our networks of hospitals and dedicated specialized HIV clinics work continually to improve the quality and ease of access to HIV-related services and, in that regard, offer antiretrovirals free of charge.

For the record, the Government's policy provides for universal access to health care, in keeping with which health facilities provide free treatment, care and support to all citizens living with HIV, including antiretroviral treatment for high-risk encounters, such as post-exposure scenarios resulting from gender-based or sexual violence. Additionally, with the support of various partners, including civil society, the efforts of the Government have been substantially strengthened and have had an all-round positive impact.

Over the period from 2005 to 2014, there was an 80 per cent decline in AIDS cases, as well as a decline by approximately 70 per cent in AIDS-related deaths. The increase in the number of testing sites also resulted in a number of achievements, including a stable mother-to-child transmission rate of 2 per cent or lower. Over 70 per cent of persons living with HIV in Trinidad and Tobago are receiving antiretroviral treatment, and between 2005 and 2009 deaths from tuberculosis among persons living with HIV were reduced by 50 per cent, with no new deaths recorded subsequently. Trinidad and Tobago is also enhancing its efforts to eliminate HIV-related stigma and discrimination. We have continued public education aimed at promoting awareness and disseminating accurate information on HIV and AIDS, with a focus on prevention.

Despite such successes, however, Trinidad and Tobago now faces real challenges as a consequence of changed economic circumstances arising from the collapse of global energy prices. In specific relation to the 90-90-90 targets, averting the global treatment crisis is a challenge for our country. Our capacity to test persons at high risk or in stigmatized groups remains significantly limited, thereby undermining our ability to achieve the first — and perhaps the most critical — target of ensuring that 90 per cent of HIV-positive persons know their status.

As a practical matter, the new test-and-treat model, regardless of CD4 cell count, aimed at achieving the 90-90-90 targets requires sustained funding streams. Notwithstanding our fiscal constraints, our policies are geared towards ensuring that the gains achieved are not reversed as we seek to honour our obligations under the 2030 Agenda for Sustainable Development. We also count on continued support from our partners to assist us to that end.

In conclusion, I reiterate the commitment of the Government of Trinidad and Tobago to work with other Members of the United Nations and intergovernmental organizations, as well as with our civil society partners, to effectively address the HIV/AIDS epidemic at the national and regional levels, as we work in concert and with resolve to deliver on our common objectives of eradicating HIV/AIDS and achieving the broader 2030 Agenda.

The Acting President: I now give the floor to His Excellency Mr. Vu Duc Dam, Deputy Prime Minister of the Socialist Republic of Viet Nam.

Mr. Vu Duc Dam (Viet Nam): I trust that, under the guidance of the President, this meeting will be successful in advancing our commitment to ending AIDS.

At its onset, the AIDS epidemic evoked panic and deepened social divisions in many countries. People living with HIV were often associated with evil and were subject to taboos and moral judgments. In 1994, I attended the first World Summit on AIDS, held in Paris. Its spirit of determination still inspires me deeply, but I also will never forget the fear and confusion in the eyes of many representatives. Many people were dying. There was no effective treatment. There was very little hope.

Today the situation is much more optimistic. HIV prevention has been strengthened. Increasing numbers of people can access life-saving treatment. And stigma and discrimination have been reduced. However, we cannot forget that there were about 2 million people

newly infected last year, many of them women. More than 20 million people still do not have access to antiretroviral treatment. During the time that I have been talking here today, approximately 20 people have become infected.

HIV prevention and control is one of the highest priorities of the Government of Viet Nam. The epidemic has been largely controlled, and HIV infection is no longer considered a sin. Infected people are recognized as patients who need care, support and treatment. We could only have made such progress with the support of international organizations and the donor community. Despite the fact that the epidemic is stabilized, we are increasing our resources for HIV prevention and control. Viet Nam was also the first country in the Asia-Pacific region to commit to the 90-90-90 targets. Like many other developing countries, we still require continuing international partnerships.

We all know that worldwide there are many new concerns, ranging from climate change to migration issues and conflicts, but HIV/AIDS is still with us. Without stronger partnerships many countries will be left behind on the fast track to ending AIDS, and there is a real possibility that the epidemic could rebound and re-emerge as a global threat. We cannot become complacent. In order to end the epidemic we must increase our efforts, and we should do that together. That is not just the view of my Government, but also the view of the most vulnerable.

I would like to introduce participants to Ms. Thanh. I invited her, a woman living with HIV, as part of our official delegation. Ms. Thanh lives in a small town in the remote mountains of Viet Nam. She and her husband are both on antiretroviral treatment. They are able to work again. She became a peer educator and is very much appreciated by her community. Like a miracle, they have a very cute and healthy baby girl, born without HIV. That miracle was made possible only because of an internationally financed project in partnership with the Government and the local community. Without that partnership she would probably not be with us today. But it is not only her; many other people, including women and children, would be infected, could not go to school or work or have families — and maybe even would not be alive. Should we reduce our support?No, we cannot. We do not have the right to do that.

I now yield to Ms. Thanh to say a few words.

Ms. Thanh (Viet Nam) (*spoke in Vietnamese; interpretation provided by the delegation*): I just want to say thank you so much to everybody for giving me back my life, my hope and my future. Please do not forget us.

I now yield back to Mr. Vu Duc Dam.

Mr. Vu Duc Dam (Viet Nam): All who are present here have just heard Thanh say thank you so much for giving her back her life, her hope and her future. She also urged us to not forget her and people like her. Let us respond to her by recommitting ourselves with all of our heart and soul to ending AIDS. Let us join hands to achieve the 90-90-90 targets, with 100 per cent commitment and more.

The Acting President: I now give the floor to His Excellency Mr. George Norton, Minister of Public Health of the Republic of Guyana.

Mr. Norton (Guyana): The delegation of Guyana is pleased to participate in this high-level meeting of the General Assembly on HIV/AIDS.

We align ourselves with the statement delivered on behalf of the Caribbean Community by The Honorable Mr. Timothy Harris, Prime Minister of Saint Kitts and Nevis (see A/70/PV.97).

Guyana welcomes the adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex) and looks forward to its effective implementation and to ending the AIDS epidemic by 2030, even as we continue to align our collective efforts towards implementing the 2030 Agenda for Sustainable Development (resolution 70/1).

As the Secretary-General's report (A/70/811) notes, ending the AIDS epidemic as a public-health threat by 2030 is within our reach. That will depend on the strong solidarity and shared commitment of all stakeholders in the fight against HIV/AIDS, as well as the mobilization of the requisite resources to sustain our common efforts at all levels. It will also require a radical change in the trajectory of the epidemic over the next five years and a recognition of the multidimensional nature of the challenge.

I affirm Guyana's full commitment to meeting that challenge while building on the lessons of our shared experience and in the context of our country's Health Vision 2020, which provides a holistic framework for the national health response. Within that

framework, Guyana's HIV/AIDS response is guided by a comprehensive strategy known as "HIVision 2020", which is financed from the national budget and integrates relevant Joint United Nations Programme on HIV/AIDS (UNAIDS) targets and draws on best practices and the support of key partners, including the Pan-Caribbean Partnership against HIV/AIDS, UNAIDS, the Caribbean Public Health Agency, the United States President's Emergency Plan for AIDS Relief and civil society.

The result has been success in reducing the number of deaths due to HIV/AIDS from the peak in 2005 and in preventing mother-to-child transmission of HIV. Guyana has also witnessed a steady reduction in HIV prevalence among the general population, from 3.4 per cent in 2004 to 1.5 per cent in 2013. By the end of 2014 a total of 751 cases of people living with HIV had been diagnosed for that year, as compared with 758 cases reported in 2013. That represents a significant reduction when compared with the 1,176 HIV cases reported in 2009.

Those gains can be attributed to a combination of factors, chief among them are actions taken at the policy and programme levels to realize a comprehensive approach to ending the epidemic locally. An increase in access to antiretroviral treatment — provided free in Guyana — has also been instrumental in our success. However, financing a sustained response to the epidemic has become challenging for many countries owing to inadequate national resources to support demand and the reduction or withdrawal of donor funding. In order to continue reducing the number of new infections and supporting people living with HIV/AIDS, closer collaboration with national, regional and international partners will be required. And we must enhance our outreach to key affected populations.

HIVision 2020 is underpinned by the principles of human rights, gender equality, inclusiveness, accountability, value for money and sustainability, and is supported by a multi-stakeholder partnership. Its goal is to reduce the social and economic impact of HIV/AIDS on individuals and communities, and ultimately on the development of the country. It focuses on five priority areas, namely, coordination, prevention, treatment, care and support, integration, and strategic information. The programmatic response of the Government of Guyana has thus far been grounded in those overarching principles throughout the national HIV response.

The national response places a strong emphasis on prevention, treatment, care and support. In 2014 more than 5,000 health care workers were trained in a wide cross-section of areas to assist in that fight and in reaching the masses with regard to sexual and reproductive health, HIV sensitization, voluntary counselling and testing, and prevention of mother-to-child transmission — to name a few.

With its focus on youth, the youth-friendly health services initiative has continued to provide sexual and reproductive health care services to adolescents. Worthy of mention is the fact that in 2014 there was a decrease in sexually transmitted infections, with 5,127 cases reported, which is a decrease from the 6,777 cases reported in 2013 — 42 per cent of the cases reported were within the group 15 to 24 years of age.

Information, education and communication, along with behavioural change, are critical to the national strategy as it relates to HIV/AIDS prevention.

Despite our successes, however, challenges remain that must be addressed in order to fast-track action to end the AIDS epidemic. With the second-highest HIV-AIDS prevalence in the world, after sub-Saharan Africa, the Caribbean region continues to work tirelessly to reduce and eventually eliminate HIV/AIDS.

In the area of funding, Guyana remains concerned that countries of the region are being excluded from funding on the basis of per-capita income. The focus for financial assistance in combating this disease should take fully into account the specific circumstances and vulnerabilities that developing countries face.

Finally, allow me to affirm the Government of Guyana's commitment to implementing the Political Declaration. Guyana will spare no effort to ensure that our national strategy is on the fast track to accelerating the fight HIV and to ending AIDS by 2030. We will work together with our local, regional and international partners to realize that goal.

The Acting President: I now give the floor to His Excellency Mr. Aurélien Agbenonci, Minister for Foreign Affairs and Cooperation of the Republic of Benin.

Mr. Agbenonci (Benin) (*spoke in French*): First, I would like to thank the United Nations for convening this high-level meeting of the General Assembly on HIV/AIDS. To all who are gathered here, I bring a fraternal and friendly greeting from the people of Benin

and its President, His Excellency Mr. Patrice Talon. My delegation is participating in this important meeting based on its strong sense of responsibility.

Benin aligns with the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98), and would like to add some comments in its national capacity.

My delegation wishes to express its warmest congratulations to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for his excellent work as the head of that body and for providing hope to people affected by the pandemic in anticipation of a generation free of AIDS. I also express my gratitude to the Permanent Representatives of Zambia and Switzerland for their fruitful effort as co-facilitators of this high-level meeting.

This meeting is being held against the backdrop of the historic adoption by Heads of State and Government here in the Hall last September of the 2030 Agenda for Sustainable Development (resolution 70/1), a comprehensive plan that reflects the aspirations of humankind to live and grow in peace, security and dignity and in good health on our planet. In that regard, we gathered here are taking part in a unique opportunity to take stock of the measures taken and to set new ambitious targets for the medium-term and, above all, to adopt a new Political Declaration (resolution 70/266, annex) that establishes the necessary link between the Sustainable Development Goals and the response to HIV/AIDS.

Benin, which has been waging a long-term fight against HIV and AIDS as a political priority, reiterates its commitment to the national and international responses against the epidemic. Nationally, Benin has integrated the fight against HIV/AIDS into its development policies, strategies and programmes, given the devastating effects of the pandemic on our efforts to promote sustainable development. Following the adoption of the 2011 Political Declaration on HIV and AIDS, Benin, in conjunction with the Executive Director of UNAIDS, launched a national strategic plan to combat HIV/AIDS for the period 2012-2016, including a plan to eliminate mother-to-child transmission.

Our national strategic plan is four-pronged and including reducing sexually transmitted diseases; providing health care for orphans, vulnerable children and people living with HIV; eliminating new HIV infections in children and substantially reducing the number of AIDS-related maternal deaths; and providing care and treatment, including support for people living with HIV, by way of antiretroviral drugs. The national plan to eliminate mother-to-child transmission takes into encompasses four elements defined by the United Nations: primary prevention; the prevention of unintended pregnancies among women living with HIV; the prevention of mother-to-child transmission; and treatment, care and support for women living with HIV, their children and their families.

Thanks to the implementation of those two strategic plans, Benin has made significant changes based on a genuine will aimed at delivering universal access to services. We have achieved significant progress, in particular in stabilizing the rate of HIV prevalence at 1.2 per cent. Moreover, the plans have led to reduced mother-to-child transmission and increased access to antiretrovirals. Despite that progress however, national indicators point to an increased prevalence of HIV/AIDS in urban areas over rural ones — 1.6 per cent as compared to 0.9 per cent.

The feminization of the AIDS pandemic is another worrying trend that Benin has endeavoured gradually to correct through sex education campaigns on preventing HIV/AIDS, as well as reproductive health training. However, it must be recognized that the socioeconomic and cultural constraints determining gender inequality continue to keep women vulnerable to the risk of HIV infection. In that context, my Government is committed to fighting those obstacles with determination.

In order to reactify the shortcomings identified in the implementation of our 2012-2016 national plan, a new framework was adopted on 1 December 2014 to cover the period 2015-2017. The new framework is firmly based on a zero-tolerance perspective in the form of zero new infections, zero discrimination and zero deaths related to HIV/AIDS. The framework aims at achieving a 30 per cent reduction in new infections and a 75 per cent reduction in mother-to-child transmission. It also aims to achieve a 60 per cent coverage rate in antiretrovirals for infected people and AIDS orphans.

At the international level, Benin has assumed its full role in the efforts to mobilize the international community around the issues related to the fight against HIV/AIDS. Our political commitment was reflected in particular in Benin's participation at the International AIDS Conference held in Melbourne in July 2014.

Moreover, my country welcomes, and actively contributed to, the joing work of UNAIDS and the Lancet Commission, which serves as a catalyst and source of expertise and political momentum aimed at stimulating debate on the future of health in the context of the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1).

At the regional level, Benin was at the forefront of the adoption of the Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response in Africa, which seeks to accelerate progress in that connection. The Roadmap was adopted at the nineteenth African Union Summit, held in Addis Ababa, during Benin's presidency of the African Union.

Despite the encouraging progress however, we must beware of complacency, as the gains remain fragile. The number of new infections is still rising in many developing countries, stigma, discrimination, prejudice and repressive laws prevail and millions of eligible people still do not receive appropriate treatment.

Nevertheless, the fight against HIV/AIDS requires sustained financial effort despite the current environment of reduced international funding. For example, the implementation of Benin's new national plan to combat HIV/AIDS for the period 2015-2017 requires CF52 billion to achieve its stated objectives. The situation is somewhat paradoxical in that it requires the implementation of appropriate strategies for mobilizing innovative financing to meet the challenge. Governments should also make greater efforts to compensate for the decline in external financing.

I would like to take this opportunity to thank all our technical and financial partners from civil society organizations, national and international organizations, as well as the individuals who, with moral and material support, are assisting Benin in fighting the pandemic. On behalf of the Government and the people of Benin, I would like to convey my country's deep appreciation. In our view, fighting HIV/AIDS should be a multisectoral and integrated undertaking. The 2030 Agenda for Sustainable Development gives us the necessary political framework to succeed. We must now strengthen the synergies required and consolidate mutual responsibilities and international solidarity in order to tackle that collective challenge. Benin is fully committed to doing that.

The Acting President: I now give the floor to Her Excellency Ms. Nila Farid Moeloek, Minister for Health of the Republic of Indonesia.

Ms. Moeloek (Indonesia): Five years after the previous high-level meeting on AIDS, the world has come far in its endeavours to fight HIV/AIDS. Key policies for the AIDS response have been put in place. The Association of Southeast Asian Nations Summit adopted a declaration on HIV/AIDS, guided by the theme and objective of getting to zero infections, zero discrimination and zero deaths. This year's high-level meeting of the General Assembly on HIV/AIDS is especially important, since it marks the first year of the implementation of the Sustainable Development Goals (SDGs).

In 2013, Indonesia launched the strategic use of antiretroviral treatment, providing access for key population groups to it regardless of their CD4 cell count. Initially established in 13 districts, it has now expanded to 135. It will subsequently be expanded to another 230 priority districts. Treatment doubled to cover 63,000 persons in 2015. More than 1 million people were tested yearly in 2014 and 2015, as compared to just 300,000 in 2012.

Indonesia's harm-reduction programme was one of the first in the ASEAN region. HIV prevalence among the groups concerned declined steadily from 42 per cent in 2011 to 29 per cent in 2015. The programme will continue to shift and expand as it integrates the sexual-transmission programme into the package for the groups concerned. Gender and human rights perspectives on the AIDS response also focus on efforts such as empowering sex workers to refuse sex without condoms and establishing programmes to direct drug-related offenders towards treatment and avoid reliance on criminal sentencing.

The AIDS response involves facing complex challenges and requires actions at the national, regional and global levels. Coverage of HIV-prevention and treatment, strengthening the quality of service delivery, ensuring the availability of drugs through the integrated programme and trade-related aspects of intellectual property rights, minimizing out-of-pocket expenditures for treatment, ensuring that proper and effective regulations are in place and implemented, as well as addressing stigma and discrimination, are among the many and wide-ranging challenges that still remain to be overcome.

I would like to assure the Assembly that Indonesia remains committed and will continue to increase its efforts in the response to AIDS. Please allow me to underline our continuing commitment to the following five areas.

First, strengthening the health system is crucial, especially at the primary health care level. Indonesia has more than 9,000 public-health centres. A strong health care system is the platform for integrating the various programmes, which also include mobile HIV-testing clinics and decentralized antiretroviral treatment services.

Secondly, Indonesia recognizes that the first "90" is key to achieving the other two "90s" of the 90-90-90 treatment target. That calls for the mobilization of resources to support communities and certain key population groups in order to expand outreach for the hard-to-reach key populations, including men who have sex with men, and transgender persons, sex workers, injecting-drug users, adolescents and young people in the key affected populations. Comprehensive engagement with those communities will establish the demand for testing and treatment.

Thirdly, we must consider prevention. We need to further strengthen our efforts to reach all high-risk populations among whom HIV prevalence reates continue to rise. Consistent condom use is also being promoted as the key intervention among targeted populations. Furthermore, we aim to eliminate mother-to-child transmission by 2020.

Fourthly, we must have innovation. Innovative programmes need to be identified and shared. The use of information and communications technology and community-based screening must be leveraged to help communities and facilities to work collaboratively. Innovation can be achieved through sustainable partnerships, and it is important that we ensure that the various stakeholders work together to achieve our common objective.

Finally, Indonesia understands the importance of inclusive resource allocation for the AIDS response. As the external resources decline over time, the opportunities for national investment will increase via national health insurance schemes and increased resources from local Governments. Indonesia now funds almost 60 per cent of the total resources needed for the HIV effort, and we are committed to increasing that proportion over time.

Please allow me to conclude by reminding everyone of the great task we have at hand. We must learn from our past failures and missed opportunities, but also reflect on the modalities that we now have. The 2030 Agenda for Sustainable Development (resolution 70/1) provides us with the framework for thinking of ways to harness our actions in this area. Now it is up to us to enhance, replicate and amplify the message and the actions so as to fast-track our progress in reaching our goal of getting to the "zeroes". I encourage all of us to embody the spirit of leaving no one behind as we aspire to meet the SDGs.

The Acting President: I now give the floor to His Excellency Mr. Myint Htwe, Union Minister for Health and Sports of the Republic of the Union of Myanmar.

Mr. Htwe (Myanmar): I am honoured to address representatives attending this high-level meeting of the General Assembly on HIV/AIDS. This is a very special event in that the recently adopted Political Declaration (resolution 70/266, annex) is aligned with the Sustainable Development Goals and emphasizes evidence-based strategies to effectively fast-track our efforts to end the AIDS epidemic as a public-health threat. The Political Declaration will provide quality inputs and points for consideration and guidance for the national responses to AIDS over the next 15 years. It also emphasizes the importance of moving from a focus on one disease to a more integrated and systematic approach to addressing people's health needs in a more holistic manner.

Myanmar recognizes that human rights are integral to an effective response to HIV aimed at ending AIDS by 2030. Myamnar fully supports the idea of removing punitive laws, policies and practices that block access to HIV services for key affected populations. Myamnar also agrees that the greater involvement by people living with HIV/AIDS and population groups at higher risk of HIV infection can greatly facilitate the achievement of a more effective AIDS response. People living with HIV, as well as their families, should enjoy equal participation in social, economic and cultural activities without prejudice or discrimination.

The Joint United Nations Programme on HIV/AIDS has identified Myanmar as one of the fast-track countries with a severe epidemic, and Yangon as a key city in that respect within the Asia-Pacific region. As Chair of the Association of Southeast Asian Nations Task Force on AIDS, Myanmar is working very closely with

other countries in the region to effectively fast-track achievement of the targets. Myanmar also attaches great importance to combating the HIV problem, as clearly reflected in our third national HIV/AIDS strategic plan, for the period 2016-2020, which was developed in the context of the new global strategies aimed at ending HIV as a public-health threat by 2030. Myanmar is fully committed to the Political Declaration and will leave no stone unturned in pursuing the approaches and intentions that are inherent in the Declaration.

We will include civil society and national non-governmental and community-based organizations as partners in our HIV response. They will be part and parcel of our health care delivery system. In addition, careful and continuous monitoring of the HIV/AIDS situation will be carried out through our national programme in terms of the technical, management, administrative, logistical and social aspects of our HIV response. We will take into consideration various perspectives, including those of HIV/AIDS patients, with special attention given to the social and anthropological aspects of their situation. The natural history of HIV/AIDS and the role of that history in our fight against the disease will be part of the conversation so that we can ensure the effectiveness of our plan of action for ending HIV/AIDS.

Myamnar will also ensure that there is continuous dialogue with funding agencies, development partners and like-minded organizations present both within and outside the country. Our health experts will also be regularly updated on the changing HIV/AIDS epidemiological situation in Myanmar. The Government will facilitate regular platforms and forums in the various states and regions of the country. After all, collective efforts, collective thinking and collective approaches are the sine qua non for success.

We should not underestimate the effective role that can be played by people living with HIV and community-based organizations, especially in hard-to-reach areas, as we work to contain the HIV epidemic and reduce the occurrence of new cases. Their role will be highlighted and appreciated by the Government, and proper and due attention will be given to them.

We have made remarkable progress in our HIV/AIDS response in recent years. We are also sensitive to our goals. At a time when the implementation of our wide spectrum of activities for controlling and containing the HIV epidemic is peaking, it would be imprudent for development partners and donor agencies to reduce the amount of funding and other types of support they give, if our national HIV/AIDS control programme is to succeed. That is also the case for most developing countries.

Our Governments also need to review the detailed epidemiological situations in our respective countries so that our programme interventions are carefully designed to suit our countries' specific needs. In addition, we will ensure the appropriate and rational allocation and use of funds, which will be continuously monitored so that full value can be derived from every dollar spent.

In conclusion, the Government of Myanmar has demonstrated strong political commitment by identifying HIV as one of the priority diseases under our national health plan for 2011-2016. We will also be emphasizing the key points of the Political Declaration in our new national health Plan for the period 2016-2021, which is currently being formulated. Moreover, we will do our utmost to ensure that there is an enabling environment in place for people living with HIV and for other key population groups to access life-saving prevention and treatment services.

Through the Political Declaration we have a clear road map for Member States to control and contain the HIV epidemic, which is currently considered to be a global emergency. Curbing HIV is also critical to achieving the 2030 Agenda for Sustainable Development (resolution 70/1) . We will ensure that no one is left behind in the AIDS response.

The Acting President: I now give the floor to Mr. Luis Gomes Sambo, Minister of Health of the Republic of Angola.

Mr. Sambo (Angola): I am very honoured to address the General Assembly on behalf of the Republic of Angola. Our delegation applauds the Secretary-General and the initiative of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to fast-track the response to the epidemic over the next five years.

Angola aligns itself with the statements made by the representatives of Zambia and Botswana on behalf of the Group of African States and the Southern African Development Community, respectively (see A/70/PV.98).

Despite the unprecedented achievements in halting and reversing the spread of HIV/AIDS over the past 15 years, sub-Saharan Africa bears the highest share — about 70 per cent — of the HIV/AIDS burden in the world. That situation remains a major public-health and development challenge requiring redoubled efforts. Therefore, the United Nations Political Declaration entitled "On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030" (resolution 70/266, annex), is timely. However, we would like to underscore that the current HIV/AIDS situation in the world, as outlined in the Declaration, reveals both the diversity of the world and the complexity of the problem. Our joint endeavours call for a holistic approach and for creative solutions that take into account both global and local perspectives and integrate relevant cross-sectoral policies and interventions.

The estimated prevalence rate of HIV infection in Angola in 2015 stood at 2.4 per cent, and the estimated number of people living with HIV/AIDS in 2016 is about a half million. Our national AIDS control programme is a priority in Angola. We drew up our national strategic plan on HIV/AIDS taking into account the epidemiological context and the international commitments adopted at the United Nations and the African Union.

The national HIV/AIDS response is multisectoral and involves the Ministries of Health, Education, Family and Women's Affairs, and Youth and Sports, while also including representatives of civil society. Our international partners — UNAIDS, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief, among others — have been instrumental in mobilizing resources and in sustaining the gains made so far.

Under the political leadership of President José Eduardo dos Santos, the Government and the people of Angola are committed to fast-tracking the national response to HIV/AIDS, and they align themselves with the key strategies outlined in the Political Declaration on HIV and AIDS. The Republic of Angola is committed to revisiting its priorities in order to fast-track our response and reach the 90-90-90 treatment targets; to addressing the holistic needs of people living with and at risk of HIV throughout their lifetime, based on epidemiological evidence; to prioritizing key populations according to our national priorities and legal frameworks; to paying particular attention to children, adolescents and women, including more supportive services to address the specific needs of adolescents and young people; to investing in the improvement of the quality and universal coverage of essential health services; to designating national financial resources, including from the private sector, and combining them with international funding; and, finally, to investing in monitoring and evaluating and generating evidence for better programme management.

Despite some debatable aspects, the Angolan delegation is convinced that the just adopted Political Declaration on HIV and AIDS is a powerful tool for guiding a country's response. We therefore endorse the Declaration and will work with national and international stakeholders to translate it into concrete actions. With national commitment and international solidarity, we will strive to reach the target of ending AIDS as a public-health threat by 2030.

The Acting President: I now give the floor to His Excellency Francis Kasaila, Minister for Foreign Affairs and International Cooperation of the Republic of Malawi.

Mr. Kasaila (Malawi): Malawi wishes to congratulate the President of the General Assembly for the diligent manner in which he has been conducting the business of the Assembly

We align ourselves with the statements delivered by representatives of Zambia and Botswana on behalf of the African Group and the Southern African Development Community, respectively (see A/70/PV.98).

This is a historic moment. I feel greatly honoured and privileged to deliver a statement at this high-level meeting of the General Assembly on HIV/AIDS on behalf of His Excellency Mr. Arthur Peter Mutharika, President of the Republic of Malawi. Our message today is very clear — we can end AIDS by 2030. Achieving that goal will depend on how we use the window of opportunity that the next five years presents, while front-loading our investment for the response to HIV and adopting a fast-track approach will facilitate the consolidation of the gains that we have made and prevent slipping back.

Malawi is one of the countries with the highest HIV burden, with 1.1 million of the 16 million people living with HIV. Malawi recognizes that achieving the 90-90-90 targets of the Joint United Nations Programme of

HIV/AIDS can serve as a path to ending AIDS as a public-health threat by 2030. Consequently, we have embraced those targets in our national HIV/ AIDS strategic plan for the period 2015-2020. In adopting the 90-90-90 targets, our goal is that by 2020, 90 per cent of all Malawians living with HIV will know their HIV status; 90 per cent of people diagnosed with an HIV infection will be receiving antiretroviral therapy; and 90 per cent of the infected will have their viral load suppressed.

As a country, we are mindful of the many challenges on the journey to 90-90-90 by 2020, but we can point to various successes that make us optimistic. Malawi prides itself on the contribution that it has made to the world in pioneering the implementation of the Option B+ programme, which entails initiating life-long treatment for all HIV-positive pregnant and lactating women and their partners. Since its implementation, in 2011, the programme has been a great success. Among other achievements, it has contributed to a reduction in mother-to-child transmission by 67 per cent from 2009 levels and increased coverage of antiretrovirals for pregnant and lactating women to 80 per cent. In order to achieve the aspirations for the 90-90-90 targets and end AIDS, Malawi has developed a national prevention strategy to revitalize HIV prevention, established a special cadre of health personnel to undertake HIV testing, adopted the test-and-treat guidelines and implemented a viral load scale-up plan.

Furthermore, Malawi has progressively improved its HIV-treatment programme over the course of a decade, such that in 2015 over 600,000 people living with HIV were in treatment, as compared to only 23,000 in 2005. In addition, Malawi is also proud of running one of the most cost-effective HIV-treatment programmes globally, with a cost of $136 per patient per year. It was Malawi that provided evidence about the role of conditional cash transfers in reducing HIV risk and vulnerability to infection among women and girls, who are the most affected by HIV. In addition, the Government of Malawi has increased domestic resource investment in HIV from 1.7 per cent in 2010 to 14 per cent in 2015. Those efforts show bold leadership, a willingness to innovate and an understanding of what partnerships among Governments, civil society and the private sector can achieve.

Continuous efforts are required to achieve an AIDS-free generation. There is a need to expand the unmet need for HIV treatment, particularly for children, and to change the course for young women and girls. There is also a need to address stigma and discrimination. Malawi recognizes the need to increase the coverage of combination prevention and invest a quarter of HIV resources in prevention.

Malawi affirms its commitment to the outcome of the 2016 Political Declaration (resolution 70/266, annex).

The Acting President: I now give the floor to Her Excellency Ms. Marisol Touraine, Minister of Social Affairs and Health of the French Republic.

Ms. Touraine (France) (*spoke in French*): France aligns itself with the statement made earlier on behalf of the European Union.

Our collective ambition is unwavering: we want to put an end to AIDS. More than an ambition, it is a commitment that is part of the global development agenda. The challenge that brings us here today is to empower the world to live up to that pledge.

It is truly a battle that we are waging, one against an illness that has killed tens of millions of people, but also a battle against discrimination and the growing marginalization of those whoe are exposed to and live with AIDS. Finally, it is a battle against the temptation to lower our guard because, while our collective efforts by Governments, civil society and health care associations and professionals have allowed us to reduce new infections by 35 per cent in 15 years, HIV still claims 1.2 million lives globally every year. It is a battle that we can and must win. I am convinced that we must innovate if we are to be victorious.

We need first to innovate in discovering new ways to prevent this disease, which is a priority matter affecting all countries. In France, we have chosen to maintain a solid and unified health care system. We specifically target those who have not benefited from preventive action. All French territories now have prevention and screening mechanisms in place. We reach out to all populations, even the most remote. After having authorized the carrying out of rapid diagnostic tests in various centres and having provided access to self-testing, I have decided to go further and offer the HIV antiviral drug TRUVADA as a State-funded pre-exposure prophylaxis, which will be available in local centres as of tomorrow.

In order to carry out such tasks, we are working hand in hand with certain associations, which I would like to

thank for their daily efforts in that regard. Reaching the most disenfranchised within our health care system is also the goal of the low-risk drug consumption rooms that have been set up to protect drug users. Prevention is being carried out in all territories and extended to all people of all ages. We have decided to authorize the diagnosis of minors without parental consent. It is in the same spirit that I will soon present a comprehensive national sexual-health strategy aimed at teaching our youth how to protect themselves sexually and ensure their sexual and reproductive rights. We hope that such a targeted approach will be applied throughout the world. It is an ethical imperative, and it is just, but it is also effective.

In that regard, France regrets that the Political Declaration (resolution 70/266, annex) was unable to fully take key populations into account. To believe that we could eradicate AIDS without specifically targeting men having sex with men, inmates, immigrants, drug-users is deceptive. By contrast, France welcomes the coordinated strategies of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization. We call on all Member States to implement them, as that would help those who are working in those areas.

We will also innovate to do a better job in treating AIDS. The great challenge here is to improve antiretroviral coverage and to develop a vaccine. We need to strengthen the means that we have available to do research. The French National Agency for Research on AIDS and Viral Hepatitis is second in the world in terms of scientific work on AIDS. Many French teams are involved in international programmes, in particular those aimed at developing a vaccine. The International AIDS Conference that we will host in July 2017 in collaboration with the International AIDS Society will be an important step in that area.

Finally, the third priority is that we need to innovate in financing. France is pleased that, at the global level, national resources for health are growing. Without a solid health system, without universal health care coverage and without trained people we cannot mount an effective fight against AIDS. That investment should be a priority at the national and international levels. France is one of the major contributors to the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID, and we intend to remain so. We also plan to find new financial resources, which is why the President of the Republic, François Hollande, has proposed the establishment of a tax on financial transactions so as to strengthen participatiom in the effort to combat this pandemic.

Fighting AIDS can serve as a great illustration of the power of solidarity. Our victory will depend, therefore, on our political will to act together, on the means that we assign to the task and on our determination to protect the rights of all individuals without distinction or judgement.

The Acting President: I now give the floor to the Honourable Steven Blackett, Minister of Social Care, Constituency Empowerment and Community Development of Barbados.

Mr. Blackett (Barbados): Barbados reiterates its unwavering commitment to evidence-based, strategic and comprehensive HIV responses, firmly rooted in respect for human rights and human dignity. We fully endorse the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex), adopted yesterday, in which representatives of States and Governments reaffirmed their commitment to fast-track the HIV response in order to end the AIDS epidemic by 2030. We commend the co-facilitators of the negotiations for their vision and for a transparent and inclusive process, and welcome the inclusion of the key populations: sex workers, men who have sex with men, transgender people, persons who inject drugs and inmates. We hope that making the invisible visible will help to end stigma and discrimination and ensure access to prevention, treatment and care.

Barbados has achieved significant success in its HIV response. Through our multisectoral national AIDS programme we have been able to sustain universal access to antiretroviral therapy, which has resulted in diminishing HIV incidence and a virtual elimination of mother-to-child transmission of HIV and congenital syphilis. Those are critical markers of success, of which we are proud. We are seeking to expand and sustain access to HIV testing, treatment and care and to address gaps, especially for marginalized populations.

We are implementing our national strategic plan for HIV prevention and control, which identifies three main priority groups, based on our epidemiological context: men in general, men who have sex with men, and sex workers. The plan is firmly embedded in our national development agenda, which is aligned with the

Sustainable Development Goals. Priorities therefore include addressing the social and economic determinants of HIV through poverty alleviation, the provision of comprehensive health and family-life education and ensuring social justice, equity and inclusion.

Barbados recently adopted the World Health Organization's treat-all policy recommendation on HIV, in which all persons with HIV are now eligible for therapy free of cost, regardless of the stage of the disease. That bold step was made despite our current fiscal challenges, as we recognize that the importance of adopting the fast-track approach outweighs the considerable investment.

Barbados' commitment to aggressively countering HIV and AIDS is reflected in the fact that in recent years our response has been entirely funded from national sources. That is commendable, but it is not by choice. Categorization as a high-income country has rendered us ineligible for financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria and for concessionary funding from other sources. That categorization fails to take into account the challenges that we face as a small island developing State, including a high debt-to-gross domestic product ratio, the severe impact of the global economic and financial crises and competing health and developmental issues, such as non-communicable disease epidemics and emerging infectious diseases. Sustainable funding for an effective and efficient HIV response is urgently needed in order to achieve our ambitious national targets. Barbados therefore calls for an urgent review of the criteria for funding eligibility, which should take into account the specific needs and circumstances of each country.

We wish to express our appreciation of regional efforts undertaken by the Pan-Caribbean Partnership Against HIV/AIDS. We align ourselves with the statement delivered yesterday by the Prime Minister of St. Kitts and Nevis (see A/70/PV.97) and thank donor countries and international agencies for their continuing support. We laud the contribution of civil society, particularly the advocacy carried out by people living with and affected by HIV, which has been a critical driver of the progress made since the beginning of the epidemic.

Barbados' national programming has prioritized the elimination of stigma and discrimination. They remain the greatest and most pervasive obstacles that we face in our national response. We pledge to implement the multi-pronged, tactical approaches necessary to eliminate them in our efforts to leave no one behind.

The Acting President: I now give the floor to Ms. Awa Marie Coll-Seck, Minister of Health and Social Action of the Republic of Senegal.

Ms. Coll-Seck (Senegal) (*spoke in French*): It is an honour for me to take the floor today on behalf of the delegation of Senegal at this high-level meeting of the General Assembly on HIV/AIDS, and to welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex), which defines the outlines and the appropriate and effective strategies for combating HIV and AIDS over the next five years. Those strategies will certainly pave the way towards ending the AIDS epidemic as a public-health threat and contribute to the achievement of the Sustainable Development Goals.

To that end, my delegation associates itself with the statement made by the representative of Zambia on behalf of the African Group, and I would like to make some additional comments in my national capacity.

The organization of this high-level meeting of the General Assembly on HIV/AIDS demonstrates the commitment and determination of the international community to mount a strong and sustained response to the AIDS epidemic. That unwavering determination over the past 30 years has facilitated an exceptional mobilization of investments that has yielded positive results in prevention, which has become better adapted to the vulnerabilities of diverse populations, as well as in the care of HIV patients through increased access to increasingly effective treatments. In the future, we will have to pursue actions that are more sustained and more consistent in order to better prevent new infections, especially among the most vulnerable populations, but in particular to increase the access of young girls and young boys to health care services to deal with sexually transmitted infections and AIDS. We must have high-quality care guaranteeing the protection and the rights of the key populations and people living with HIV.

Given the progress made and the importance of the challenge, we call for unity in better addressing AIDS issues in the implementation of the Sustainable Development Goals and in international health-security strategies. In fact, AIDS remains a health problem, and health is a capital asset that must be preserved

for sustainable development and the emergence of our countries.

Like many countries in sub-Saharan Africa, Senegal is at a decisive turning point in its fight against AIDS. AIDS prevalence has been stable in our country for the past 10 years, with a rate of 0.7 per cent, and a 50 per cent decrease of new infections has been noted. That has been possible thanks to the ongoing commitment at the community and multisectoral levels and to the leadership of President Macky Sall, which is right in line with the vision of the Heads of State of the African Union to end the AIDS epidemic by 2030. In that connection, he supports the fight against the disease through a vision of a Senegal free from AIDS reflected in the implementation of the Senegal Emerging plan, which serves as the reference for Senegal's public policies. President Macky Sall is also a sponsor of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Given the new stakes faced by the international community and in the context of a decrease in the resources available in the most affected countries, we have to react. We have no choice but to work together and be more creative in mobilizing resources and partners. The destiny of present and future generations is in our hands today. It is up to us to take concrete decisions so that young people and adolescents, the leaders of the future, can live in a world free from AIDS. We expect concrete measures from the international community supported by significant resources.

Africa, which is paying the heaviest toll in the AIDS epidemic, must strengthen the mobilization of its internal and external resources so as to attain the important goal of realizing our common vision to end the AIDS epidemic by 2030. Senegal, through my voice here, hopes that this high-level meeting on HIV/AIDS will serve as a decisive turning point for the global commitment to put an end to AIDS as a major health problem.

The Acting President: I now give the floor to His Excellency Mr. Kalla Moutari, Minister of Health of the Republic of the Niger.

Mr. Moutari (Niger) (*spoke in French*): It is a great honour for me to speak before the Assembly to deliver the message of the Government of the Niger on the occasion of the high-level meeting of the General Assembly on HIV/AIDS. This important meeting of the international community on HIV/AIDS is a great occasion to reaffirm our common commitment to fighting against this pandemic.

My delegation endorses the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

The multisectoral Joint United Nations Programme on HIV/AIDS (UNAIDS) 2011-2015 Strategy has galvanized global and national efforts that have led to a reduction in the AIDS epidemic and to a reversal in the trend. That reflects a net decline in the number of infections and deaths related to the virus. The Niger, my country, is not standing idly by. In fact, judging from successive demographic and health measurements involving many indicators, the HIV prevalence rate in the population is in steady decline, and the number of people being cared for and given antiretroviral drugs has steadily increased. That has been possible thanks to various actions, in particular the national strategic plan for the period 2013-2017, as well as the national initiative on antiretrovirals. Those efforts are also the result of a strong political commitment on the part of President Issoufou of the Niger, the Head of State and the Head of the National Council to Combat AIDS.

In fact, the will to pursue the commitments in the policy advocated by UNAIDS to shared responsibility has resulted, among other things, in more and ongoing resources from the State as part of its response, in spite of our difficult national situation, which is characterized by enormous security challenges. In terms of funding allocated to fighting HIV/AIDS, our national contribution to the funding increased from 6.72 per cent in 2011 to 55.81 per cent in 2015, making external financing only the second largest contributor.

Despite major advances in the fight against HIV/AIDS, the epidemic still poses serious threats to public health, and the current pace of the response will not successfully end the epidemic. In that regard, we need to step up the response so as to avoid a rebound in the number of infections and HIV-related deaths. From that standpoint, we believe that the 2030 Agenda for Sustainable Development (resolution 70/1), in particular target 3, which calls for an end to the AIDS epidemic as a threat to public health by 2030, offers tremendous opportunities. We therefore need to take this opportunity to benefit from the renewed global commitment to increasing resources and efforts so that we can reach the targets set for prevention, diagnosis and treatment. That calls for a robust health system that is capable of

integrating patients at all levels of the chain of services, prevention and care of HIV patients and of maintaining all of that. It must also involve a significant decrease in high-risk behaviours and vulnerabilities, especially for girls, young women, minors, inmates, migrants and displaced populations.

At this point, let me point out that the specific issue of vulnerability, which is covered by the notion of key populations, tends to make consensus difficult, in particular because of the different ways of grasping that issue. We therefore believe that each State should have the latitude to define its key populations according to its context and realities so that nobody is left behind. In any case, the need to provide adequate support to developing States, in particular the least-developed States, is urgent so that greater consideration can be given to AIDs in formulating national policies and strategies to achieve the Sustainable Development Goals.

The Acting President: I now give the floor to Her Excellency Ms. Ruxanda Glavan, Minister of Health of the Republic of Moldova.

Ms. Glavan (Republic of Moldova): This year's high-level meeting of the General Assembly on HIV/AIDS is a truly ground-breaking event. It sets the stage for bold new actions for a comprehensive HIV response aimed at reversing the epidemic by 2020 and at ending it as a public health threat by 2030. Having learned the lessons of the Millennium Development Goals, we welcome the new Political Declaration: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex), which is in line with the commitments made under the 2030 Agenda for Sustainable Development (resolution 70/1).

I would like to point out that the Republic of Moldova is supportive of the new Political Declaration on HIV and AIDS. The motto of the 2030 Sustainable Development Agenda is to leave no one behind. It is an ambitious goal that is especially relevant in the field of HIV and AIDS. That ambition is well reflected in the new Political Declaration. In order to achieve that goal, particular focus must be put on a human rights-based approach, gender equality and the empowerment of women, and on people living with, at risk of and affected by HIV, including key populations. The Republic of Moldova has come a long way in mainstreaming human rights and gender equality in its legal framework and public policies through whole-of-Government and health-in-all approaches. Respect for human rights ensures an inclusive and empowering society and creates favourable conditions for sustainable development across all sectors.

Coming from a region where new HIV infections are still on the rise and only modest progress has been reported in reducing HIV transmission among key populations, I strongly believe that the right mix of HIV prevention, treatment and care approaches, policies and services could reverse the tide. The Republic of Moldova has developed several best practices and generated evidence that clearly shows that the only sustainable approach is one that focuses on locations and on well-defined populations living with, at risk of and affected by HIV.

The Republic of Moldova welcomes the stress placed by the Political Declaration on HIV and AIDS on the need to protect and promote access to appropriate, high-quality, evidence-based HIV information and education. We were among the first countries in the Eastern Europe and Central Asia region to pilot the life skills-based education approach some years ago. I strongly believe that well-educated young people are able to make informed decisions about their health. That will enable them to enjoy long and healthy lives. Effective cooperation between public authorities, civil society organizations, parents and academia is paramount if we are to make progress in this field.

A major challenge for the Republic of Moldova is to ensure the financial sustainability of our HIV response. We qualify as a low middle-income country, but we are likely to miss the ambitious fast-track targets unless sufficient investments are secured. The Government has made important progress towards committing public funding for HIV diagnosis, treatment and care services. At the same time, much still needs to be done in order to achieve a balanced approach to planning, greater effectiveness, higher transparency and mutual accountability for the results. In the context of funding, we call for a reasonable balance between global solidarity on the one hand, and countries' commitments on the other hand.

Personally, I strongly believe that if our fast-track strategy is to be realized, we need country-driven, credible, well-costed, evidence-based, all-inclusive, sustainable and comprehensive national HIV plans. Moreover, the plans must be funded and implemented with full transparency, accountability and effectiveness

in mind. The principles of alignment to national priorities, observance of human rights, fundamental freedoms and gender equality, all of which are at the heart of the new Political Declaration, will ensure that the fast-track dream comes true.

The Acting President: I now give the floor to the Her Excellency Ms. Nazira Vali Abdula, Minister of Health of the Republic of Mozambique.

Ms. Abdula (Mozambique): First of all, I would like to greet everyone on behalf of His Excellency Mr. Filipe Jacinto Nyusi, President of the Republic of Mozambique, who is following with keen interest the discussions that we are having in this important meeting.

In 2011, when gathered in this Hall, we adopted the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, which called for a renewed commitment and ambitious goals. Mozambique was represented at the meeting at a senior level by His Excellency the Prime Minister, who supported the final document and then took steps to start its contextualization and implementation in our country.

Mozambique has adapted the proposed targets in the 2001 Declaration of Commitment on HIV/AIDS to the Mozambican context, with indicators and targets adapted to the national strategic plan of that period and other guiding instruments relevant to the various key sectors of the national response to HIV. Mozambique was one of the pioneers among the States Members of the United Nations to adapt the Declaration of Commitment on HIV/AIDS to the national context, which the Executive Director of the Joint United Nations Programme on HIV/AIDS commended.

Mozambique has made progress in reducing the sexual transmission of HIV by 50 per cent. In relation to target 3 to eliminate new HIV infections in children by 2015 and reduce maternal deaths related to AIDS, we noted a reduction in mother-to-child transmission from 11.9 per cent in 2013 to 6.2 per cent in 2015. In regard to the global goal of reaching 15 million people with HIV on antiretroviral treatment, for its part Mozambique had 800,000 patients on antiretrovirals by the end of 2015, corresponding to a coverage of 53 per cent for antiretroviral therapy among people living with HIV equivalent. In order to minimize the financial challenges, the response to HIV and AIDS was decentralized, and Mozambique is currently developing its financing strategy for health in general and for HIV in particular, focusing on the mobilization of domestic resources. In 2014, Mozambique enacted Law 19/2014, which was the result of merging two previous laws. The new law has broad multisectoral coverage and will reinforce the efforts aimed at eliminating the stigma and discrimination associated with HIV and AIDS. Finally, in relation to target 10, Mozambique has been implementing an extensive programme of decentralization.

Mozambique supports the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) because it is comprehensive and addresses the key robust actions needed to end the HIV/AIDS epidemic and recognizes that, although we have made significant progress, much remains to be done to achieve an HIV and AIDS-free world. The speed at which new infections in adolescents, young people and adults are declining falls short of what we need if we are to reach a world free of HIV. In fact, new infections are resurgent in some parts of the world. Every new HIV infection is one too many. Two million per year is simply unacceptable, especially when we have the science to prevent them and means of implementation that are simple and cost-effective. We have to invest more in prevention if we are to end the HIV/AIDS epidemic.

The role of men in the collective efforts to end the epidemic must not be underestimated. Data indicate that men continue to play an important role in the transmission of the infection. Few men know their status in relation to HIV, and few are on treatment. We have to find ways to ensure the greater involvement of men in prevention, care and treatment if we are to end the AIDS epidemic.

The launch of the 2016 Political Declaration on HIV/AIDS comes less than a year later, and in this Hall we agreed on a transformative agenda for the world — the 2030 Agenda for Sustainable Development (resolution 70/1). That Agenda serves the foundation for efforts to end the epidemic, because it deals with important areas that have contributed to the perpetuation of the epidemic.

The progress achieved in the context of the implementation of the 2011 Political Declaration on HIV/AIDS in Mozambique enables us to face the future with optimism and hope. I believe that the country will once again contextualize the 2016 Political Declaration, adjusting the targets to the national context, based on our HIV and AIDS national strategic plan, 2015-2019,

approved by the Government of Mozambique, and we will strive to achieve the set goals.

Finally, I would like to reaffirm the commitment of the Government of the Republic of Mozambique to continuing to be part of the global efforts to end HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Michael Malabag, Minister for Health and HIV/AIDS of the Independent State of Papua New Guinea.

Mr. Malabag (Papua New Guinea): I am honoured to lead the Papua New Guinea delegation at this important high-level meeting of the General Assembly on HIV/AIDS. I wish reaffirm our commitment to joining the international community in working together to end the AIDS epidemic, and we therefore support the consensus for the Political Declaration on HIV/AIDS (resolution 70/266, annex).

The HIV/AIDS epidemic continues to be one of the world's most serious health, development and social challenges, and my country is no exception. The Millennium Development Goals platform gave us a strong foundation to build on in the fight against HIV/AIDS, and we welcome target 3 of Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development (resolution 70/1), which recognizes the importance of ending AIDS as a step in the right direction.

HIV was first diagnosed in Papua New Guinea in 1987, and the threat posed by the epidemic remains real and one that Papua New Guinea continues to take very seriously. That is why we have also adopted a free health care policy, which is supporting the fight against HIV/AIDS. Our national HIV strategy 2011-2017, coupled with our Government's decision to fully fund HIV/AIDS treatment, meets international best-practice standards. We have made significant inroads through our response, which is based on human rights and a gender-based approach backed by ongoing legislative reforms.

Papua New Guinea has 70 per cent of the Pacific Islands population and over 95 per cent of the HIV cases. Early projections for Papua New Guinea estimated that the HIV prevalence among the adult population would reach more than 5 per cent. However, the current prevalence rate is around 0.8 per cent. That is because of our concerted efforts to scale up HIV testing, treatment and surveillance over the past decade.

Currently, it is estimated that Papua New Guinea has 40,000 people living with HIV. Recent disaggregated data indicate that adolescent girls and women are at particular risk. The age group of 15 to 49 shows the highest prevalence rate, which poses a development challenge. We acknowledge that greater focus on adolescent sexual and reproductive health and rights, including comprehensive sexuality education, is needed.

We recognize the importance of ensuring that those who need treatment have access to life-saving antiretroviral therapy medicine, but universal coverage is a challenge, given the physical terrain, remoteness and limited infrastructure to reach our people. Our success has been in the prevention of mother-to-child transmission and high antiretroviral therapy retention rates.

Our Government remains committed to addressing the HIV epidemic in an integrated manner. We have increased the overall allocation and spending on the health sector, so as to address many of the challenges faced by the health system, including infrastructure, human resources, an aging workforce and medical supplies. Those investments will no doubt improve the ability of our health system to deliver better care, including HIV services, across the country. My Government's decision to fully fund antiretroviral therapy since 2010, which is regarded as a global best practice, has helped reduce antiretroviral stock shortages and will ensure a more sustainable supply of the drugs in the future. Our Government has allocated approximately $5 million annually over the past five years in our national budget for the procurement of antiretrovirals, which are free of charge to all people living with HIV in Papua New Guinea.

Papua New Guinea recognizes that multi-stakeholder partnerships, including with the private sector, churches and civil society organizations, are key to achieving our objectives in our national HIV/AIDS response. We are committed to strengthening partnerships at all levels. We are grateful for the development assistance partnership in combating HIV/AIDS, including from Australia, the United States, the United Nations, the World Bank, the African Development Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. We also welcome the Government of India's recent

bilateral partnership, which provides free antiretroviral therapy for one year and other assistance to our health sector.

We also recognize that stigma, discrimination and sexual and gender-based violence are drivers of the HIV/AIDS epidemic, and if we address them effectively along with our health response, we will succeed in ending AIDS.

Indeed, we believe that it is possible to end AIDS, as advocated by the United Nations. But that will require nothing less than a social transformation, ashift from punitive approaches to evidence- and rights-based approaches. For many of us in the health sector, the integration of human rights into the response should be non-negotiable. Ending new infections and AIDS-related deaths will not be possible without attention to the social and legal contexts in which people live. Reaching zero discrimination will not be possible if people do not have access to justice.

In closing, Papua New Guinea also associates itself with the joint statement delivered yesterday by the representative of Argentina on behalf of like-minded countries (see A/70/PV.97). Finally, I thank the President for organizing this important High-level meeting.

The Acting President: I now give the floor to His Excellency Christopher Tufton, Minister of Health of Jamaica.

Mr. Tufton (Jamaica): Jamaica aligns itself with the statement delivered by the representative of St. Kitts and Nevis on behalf of the Caribbean Community (see A/70/PV.97).

We welcome the convening of this high-level meeting of the General Assembly on HIV/AIDS. It is an opportune moment for us, as an international community, to take stock of the implementation of the global AIDS response, including the commitments made since 2011, which will require strategic and purposeful action in a number of areas.

I wish to use this opportunity to commend the Joint United Nations Programme on HIV/AIDS for its leadership in the HIV response. Jamaica also values the partnership with key stakeholders, including the United States President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society. Their support truly exemplifies the approach that will be required if we are to achieve our aim of ending AIDS by 2030.

In this very Hall in September 2015, Jamaica along with all Member States, made some bold commitments to achieving that goal with the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1). While we reaffirm that commitment, Jamaica emphasizes that continued attention must be given to comprehensive prevention and treatment free from discrimination.

Jamaica has made marked progress in its efforts to reduce HIV infection and eliminate the AIDS epidemic. Despite many challenges, we have been able to do the following: lower the number of new HIV infections by 25 per cent; reduce prevalence among sex workers from 9 per cent in 2005 to 2.9 per cent in 2014; achieve the elimination target for the mother-to-child transmission of HIV; and, finally, expand antiretroviral coverage, resulting in a reduction in AIDS-related deaths.

Despite those successes, however, much work remains to be done. Jamaica recognizes the need to continue to strengthen our response aimed at reducing stigma and discrimination against key populations. While we have grappled with efforts at legal reform, the landscape has been difficult to manoeuvre, especially in an environment where there is significant resistance to the reform of HIV-related laws.

Jamaica fully supports the fast-track approach to ending AIDS and achieving the 90-90-90 targets. They are ambitious targets that will require significant sustained investments as we seek to offer all Jamaicans the best possible care, including throughthe adoption of the 2015 World Health Organization Guidelines on the provision of antiretroviral therapy. That is expected to have a significant impact on the HIV epidemic in Jamaica. We must capitalize on this window of opportunity over the next five years so as to ensure that the global AIDS response is fully funded and that prevention programmes are scaled up and reach the key populations. Again, I say that no one must be left behind.

Jamaica, along with other middle-income countries and small island developing States, faces unique vulnerabilities that require special consideration. The determination of middle-income status measured solely on the basis of gross domestic product does not give a true picture of a country's economic situation, including its ability to pay. In the case of the AIDS response, that is a matter of great significance, as a designation as middle-income often results in a country's premature

transitioning away from donor funding. That runs the risk of stifling efforts to maintain and improve upon past gains and get on the fast track to 2030.

Nevertheless, Jamaica is committed to maintaining essential services so as to ensure that we do not lose momentum in our HIV response. We also reiterate the call for our continued eligibility for donor resources up to 2020 as a minimum in support of the 2020 targets. There also needs to be a focus on sustainable financing options, both for Governments and for civil society, as well as adequate funding to support policy and legal reforms and the transformation of social attitudes.

In closing, Governments are committed, civil society is committed and international partners are committed, but none can do it alone. Jamaica therefore looks forward to full implementation of the commitments made during this meeting. We believe that, through an accelerated approach focused on needs and people in our joint efforts, we can see the first AIDS-free generation by 2030.

The Acting President: I now give the floor to Her Excellency Moumina Houmed Hassan, Minister for Women and Family of the Republic of Djibouti.

Ms. Houmed Hassan (Djibouti) (*spoke in French*): I have the pleasure and honour to speak today on behalf of the President of the Republic of Djibouti, His Excellency Mr. Ismaël Omar Guelleh, and to participate in this high-level meeting of the General Assembly on HIV/AIDS.

Djibouti aligns itself with the statement delivered by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

Since the adoption of the Political Declaration on HIV/AIDS of 2011, we have welcomed the many advances made in the fight against HIV/AIDS. However, notwithstanding the progress made in recent years, HIV/AIDS is still a public-health and development problem, and it is extremely urgent to contain it by addressing the difficulties and shortcomings that persist in the fight against this epidemic.

Djibouti has made considerable progress over the years in the fight against HIV/AIDS. Despite those efforts and the noteworthy achievements made in addressing HIV/AIDS, the epidemic remains a threat, with an estimated prevalence rate of 1.67 per cent in 2015. An estimated 9,900 adults and children are living with HIV/AIDS. An analysis of that situation also shows a feminization of the disease, as an estimated 4,900 women are living with HIV/AIDS.

With its geostrategic position in the Horn of Africa and its political stability, Djibouti is situated in a region that is facing a great deal of instability and movement of people, which has contributed to its vulnerability to HIV/AIDS. However, in order to permanently reverse that trend, Djibouti, like the international community, has accelerated the pace of its efforts aimed at implementing the Sustainable Development Goals and the Global Plan towards the Elimination of New HIV Infections among Children. That positive trend is largely due to the efforts to strengthen and decentralize the supply and quality control of services in the fight against HIV/AIDS.

With respect to Djibouti, the Government pledged from the beginning to fund free access to antiretroviral therapies for all affected patients, without discrimination. Moreover, it is the first country in the region to have implemented, starting in 2007, a law providing protective measures for persons living with HIV/AIDS and groups in vulnerable situations. It also was the first to ratify, in 2015, the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV. That political and legislative system provides a framework for countries to implement the principles of human rights in their response to HIV/AIDS in order to ensure that all people living with HIV can live in dignity without discrimination and to ensure accountability in HIV prevention.

In order to succeed in the necessary social transformation and in sustainable development during the period leading up to 2030, Djibouti has developed policies and strategic frameworks, such as its Five-Year Health Development Plan, which is designed to take up the challenge of prevalence reduction for diseases such as HIV, the National Strategic Plan against HIV/AIDS 2015-2017, the National Strategic Plan for Childhood, the Convention on the Elimination of All Forms of Discrimination against Women, and Vision 2035, which sets forth the footing for and maps out the agenda for sustainable development in the Republic of Djibouti.

But in order for Djibouti to attain the Sustainable Development Goals, the country must ensure the active participation of all sectors by strengthening multisectoral action and by creating synergies among the various national regional and international actors. To that end, Djibouti has undertaken the implementation

of innovative approaches aimed at mobilizing internal funding through the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria, which requires strong political commitment with a corresponding increase in national funding, the revitalization of the national response with the mobilization of new financing, the definition and adoption of an integrated package of HIV/AIDS services available at all levels, and the establishment of universal health insurance coverage.

Djibouti welcomes the development and execution of subregional plans for joint action and technical support to implement those recommendations. It is imperative to have an interregional dialogue and a partnership among Governments and development partners, including the United Nations system, the League of Arab States, the Intergovernmental Authority on Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and civil society, in order to promote the access of immigrants and mobile populations to HIV and general health services in hot spots, including ports, towns, corridors and refugee camps.

We unequivocally welcome the good intentions of the Political Declaration just adopted (resolution 70/266, annex), but we reiterate that the international community must come up with an innovative strategy anchored in strict compliance with the sociocultural and religious values of all. Such an approach is the best way to roll back HIV/AIDS and will, as we all hope, allow us to reach the goal of ending the HIV/AIDS by 2030.

The Acting President: I now give the floor to Her Excellency Janet Lareto Garin, Minister of Health of the Republic of the Philippines.

Ms. Garin (Philippines): At the outset, allow me to extend our appreciation to the Permanent Representatives of Switzerland and Zambia for their tireless efforts in steering the negotiations and arriving at a consensus on the outcome document that we adopted yesterday (resolution 70/266, annex). Our appreciation extends also to all other delegations for their constructive engagement in this most important Political Declaration on HIV and AIDS, which reaffirms our commitments and fast-tracks our collective fight against HIV/AIDS.

The Philippines gives high priority to addressing HIV in our health agenda, conscious of the urgent need to deal with the problem in a strategic, inclusive and sustained manner. While the Philippines remains a low-prevalence country, we are cognizant of the alarming increase in the incidence of HIV/AIDS in our country in recent years. While some of that is due to new infections, most of it is actually the reporting effect produced by an increased number of available and ready testing kits in many areas of our country. With the help of our local and international partners, we commit ourselves to ending this epidemic by 2030.

In addressing HIV, the Philippines has adopted evidence-based interventions and is committed to the continued review of laws, policies and mechanisms to ensure the delivery of the best available interventions and services to all who need it, including young key affected populations, to whom special attention should be given, without discrimination of any kind, while ensuring that no one is left behind. We remain mindful of the need to respect the human rights and dignity of all.

In 2015, we launched the Universal Health Care High Impact Five strategy, which is an acceleration strategy designed to achieve universal health care and ultimately all the Sustainable Development Goals. One critical intervention of the High Impact Five strategy is aimed at reducing the HIV/AIDS burden by improving the access of the most-at-risk populations to HIV/AIDS testing, counselling, and, of course, antiretroviral medicines. Committed to delivering better services to address the HIV problem, the Philippines has doubled its National HIV Programme budget from $6.5 million in 2015 to $13 million in 2016, using local resources. That has been further augmented in the proposed General Appropriations Act for 2017. We work intensively with regional partners, mainly the Association of Southeast Asian Nations Task Force on AIDS, the United Nations system with its Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to strategize and augment country projects.

In its fight against HIV, the Philippines continues to commit to the following strategies: supporting the fast-track strategy of UNAIDS, including the UNAIDS recommendations to fast-track the multisectoral response through more aggressive target setting by 2030, and increasing efforts to improve the availability of data, recognizing that reliable data, disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant

to the Philippine context, are key for nationalizing the fast-track programme on achieving 90-90-90 treatment targets by 2020 and ending the epidemic by 2030.

The population of the Philippines is very young, with the median age being below 24 years of age, and very mobile. We therefore focus our efforts on young people, many of whom were not yet born when the AIDS epidemic exploded as a public health crisis in the 1980s, with the result that they are less aware and less vigilant about the virus. We likewise give particular attention to the vulnerabilities of migrants, given that over 9 million Filipinos are living and working abroad. Our migration policies for the various streams of migration promote policy coherence so as to strengthen the ability of migrants to access health services wherever they may be.

Further strategies to which the Philippines is committed include ensuring access to quality treatment and prevention services, including affordable and quality antiretroviral drugs for people living with HIV as part of the 90-90-90 targets for 2020 and the goal of ending the epidemic by 2030; and continuing to adopt the multisectoral approach in HIV programming, including inclusive and meaningful involvement of relevant target groups such as people living with HIV and various partners such as community-based organizations, local Governments, private-sector and civil society organizations.

Let us not forget the need to focus also on curative strategies, including the development of vaccines against HIV. Until that is realized, significant support is still needed to assist developing countries in achieving the 90-90-90 targets through access to cheaper antiretroviral therapies and point-of-care tests and in developing simplified monitoring protocols for persons living with HIV who are receiving treatment. By working together in a focused and synergistic manner, we will win this war and make the dream of a world free from HIV/AIDS a reality.

The Acting President: I now give the floor to His Excellency Mr. Isaac Adewole, Minister of Health of the Federal Republic of Nigeria.

Mr. Adewole (Nigeria): It is my honour to present this statement on behalf of the Federal Republic of Nigeria. I wish to express Nigeria's gratitude for the holding of this high-level meeting of the General Assembly on HIV/AIDS, which has led to the adoption of the 2016 Political Declaration on ending the HIV epidemic by the year 2030 (resolution 70/266, annex). This event could not have come at a more auspicious time than now, when renewed commitment and viable cooperation are needed from all stakeholders to end a disease that has visited ravaging consequences on the entire world.

The unremitting negative impact of the disease on the global population and on development has brought about a renewed consciousness that, in order to save the global community, immediate actions, through the adoption of initiatives encapsulated in the Political Declaration, are needed.

Nigeria aligns itself with the statement delivered by the representative of Zambia on behalf the Group of African States (see A/70/PV.98).

It is pertinent to state that, at present, Nigeria has one of the largest antiretroviral treatment programmes in sub-Saharan Africa, with over 750,000 people currently under treatment. That figure represents an astronomical increase in access to antiretroviral treatment when compared to the situation in 2002, when there were fewer than 10,000 people on such treatment. However, more has to be done, as we need to put an additional 2.5 million people into treatment over the next three to five years.

Since the adoption of a multisectoral response, more political will and commitments have been displayed by the Government and all stakeholders, resulting in an expanded response with the launch of universal access to HIV prevention, treatment, care and support. The country has also taken action to promote the needs and rights of vulnerable groups, including women, young people and children. In 2013, the Federal Government signed into law a bill that would criminalize discrimination against people living with HIV with a jail sentence of up to 14 years. We also launched a five-year strategic plan for 2010-2015, which was rolled out to address the scourge of the disease in a holistic manner. That was followed by the development of a strategic framework in the form of a non-binding bilateral agreement between Nigeria and the Government of the United States of America.

We have also developed a national strategic framework that addresses six principal critical areas, which include behavioural change and the prevention of new HIV infections; the treatment of HIV/AIDS and related health conditions; care and support for people infected with HIV/AIDS, orphans and vulnerable

children; policy, advocacy, human rights and legal issues; institutional architecture, system and resources; and monitoring and evaluation, research, and knowledge management.

Nigeria has continued to spearhead support for and advance regional and subregional mechanisms aimed at halting the spread and addressing the scope of HIV/AIDS in Africa. Notable among them have been the 2006 Abuja Summit, the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, the 2010 Kampala decision of the African Union, as well as the 2011 Political Declaration on HIV/AIDS. Nigeria will continue to affirm its support for those bold initiatives to roll back the epidemic.

Nigeria, along with other African countries, spearheaded the Addis Ababa Ministerial Conference, and stated our resolve to implement the 90-90-90 treatment targets for the control of HIV in the continent. The current Administration in Nigeria, under the leadership of President Muhammadu Buhari, has made the elimination of HIV infections one of his key signature projects, and we are prepared to also address a complementary 90-90-90 global agenda to seek, find and treat tuberculosis in the country.

In conclusion, Nigeria will continue to serve as a credible partner in regional and international efforts to ensure the welfare and well-being of people living with HIV/AIDS, as well as to provide spirited commitment to their full integration into society. We welcome international and regional initiatives that will ensure the widespread availability of antiretroviral treatments, and we call for the adoption of initiatives within the framework of the 2030 Agenda for Sustainable Development (resolution 70/1). Nigeria calls for renewed political commitment and international partnerships that will ensure that no one is left behind in the race towards ending the epidemic in 2030. To that end, efforts along those lines should be fully integrated into actions taken aimed at ensuring inclusiveness and a targeted approach that is cognizant of socioeconomic realities and relevant international laws.

Finally, we acknowledge the importance of the five key populations already identified in the Political Declaration. We also call for a strong commitment to be shown to people at high risk, such as women and children, who constitute the largest group of people infected in sub-Saharan Africa.

The Acting President: I now give the floor to Her Excellency Ms. Bernice Dahn, Minister of Health and Social Welfare of the Republic of Liberia.

Ms. Dahn (Liberia): Allow me to commend the global commitment to ending one of the most devastating modern-day challenges, the AIDS epidemic, as demonstrated in the 2030 Agenda for Sustainable Development (resolution 70/1). That commitment underscores the need for a strengthened international framework for coordinating and consolidating efforts aimed at achieving universal health coverage, including fast-tracking the end of the AIDS epidemic. Africa has spoken collectively as part of its efforts to end the scourge of HIV/AIDS, which gravely plagues the continent.

Therefore, in a spirit of continued solidarity, my delegation wishes to align itself with the statement delivered by the Minister of Health of the Republic of Zambia on behalf of the Group of African States (see A/70/PV.98).

Since the 2011 Political Declaration on HIV/AIDS, Liberia, like other Member States, has made its own commitments to end the epidemic. Progress has been achieved in terms of reducing new HIV infections and AIDS-related deaths. Mother-to-child transmission has dropped from 24 per cent to 16 per cent in 2013. The number of people living with HIV who are on antiretroviral treatment has increased from 12.6 per cent to 25.6 per cent.

Liberia, along with the international community, acknowledges the devastating impact of HIV/AIDS on development, and over the past few years resources to control HIV/AIDS have increased considerably. However, the Ebola virus epidemic of 2014-2015 weakened Liberia's health system and shut down the routine delivery of primary care services, including those for HIV and AIDS. Many of the gains that we had made in previous years were lost. While we recognize that the prevention, care and treatment of AIDS require a multidisciplinary approach and resources, we assert that building a robust and resilient health system is a necessary prerequisite for improving and sustaining efforts to fast-track the ending of the AIDS epidemic.

We have also learned that health services play a crucial role in the detection and treatment of other sexually transmitted infections, HIV counselling and testing, the prevention of mother-to-child transmission of HIV and the care of HIV-infected patients. Increasing

access to antiretroviral treatment poses unique and formidable challenges in our countries. Additional resources for the prevention of HIV infection and the care of HIV-infected persons may not by themselves have the desired impact if the health systems in our countries are not strengthened. Furthermore, any activity in the area of HIV/AIDS prevention and care, carried out as part of the health services, can have a positive ripple effect on other health care activities, and vice versa. That interactive effect needs to be acknowledged and built on.

As Liberia transitions from post-Ebola outbreak recovery to building a resilient health system, an integrated people-centred health care delivery system and improved governance with health issues integrated in all policies have been placed at the heart of the national health policy and strategic plan for 2015-2021. The Government of Liberia and the Ministry of Health joined the International Health Partnership (IHP) in April with the goal of using IHP principles to help improve donor coordination and to work jointly with development partners to strengthen the health system and ensure joint design and implementation of an integrated people-centred service-delivery mechanism aligned with the hierarchy of needs.

At this global high-level meeting of the General Assembly on HIV/AIDS, with its emphasis on the fast-track approach to ending the AIDS epidemic, Liberia declares that it is fully committed to implementing the health-related Sustainable Development Goals (SDGs). We have recognized that our leadership is needed more than ever in that regard and are confident that universal health care provides a comprehensive framework to underpin all of the health targets. In order to achieve universal health care, health systems need to be strong, resilient, sustainable and responsive to the current and future needs of the populations they serve.

Effective and accessible HIV and AIDS services are a critical part of a robust and resilient health system. Experience has shown us that without a resilient system, efforts to establish disease-specific programmes are left vulnerable and will fail to withstand a crisis. We need to think holistically about how to build health systems that will support and enable quality HIV/AIDS prevention and treatment services, instead of funding vertical programmes that lack sustainable foundations. We need to prioritize and invest in key components of the health system, including health workforce infrastructure, the supply chains, procurement, financial management systems, monitoring and evaluation and innovations.

It is also important to recognize and harness the work being carried out as part of the AIDS response, which has greatly contributed to driving the development of health systems, social protection and community resilience. I believe that the approaches and mechanisms forged by the AIDS response can serve to overcome systemic challenges, while contributing towards the development of equitable universal health coverage.

Today's historic meeting is a call to action. The new 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) must go further in adopting a fundamentally new approach to fast-tracking an end to the AIDS epidemic. We need to move further towards a systemic approach to global health. That underscores the need to integrate HIV services into the broader health, social and community systems in the context of universal health coverage and enhanced health security. In order to defeat HIV and AIDS, we need resilient health systems, and we need to effectively implement sustainable responses that are evidence-based, transparent and accountable. The AIDS response needs to be fully embedded in the 2030 Agenda for Sustainable Development, recognizing that the response can serve as a pathfinder for many SDGs.

The Political Declaration on HIV and AIDS marks a critical opportunity to advance a paradigm shift towards the integrated development approach envisioned by the SDGs. In fact, it requires expanding efforts to partner with multilateral partners, taking due consideration of a country's health system dynamics and specific needs. Supporting strong Government leadership of health systems is integral to sustainability. Health systems are strongest where Governments have leadership and technical skills.

As a party to the Political Declaration, Liberia will devote its utmost efforts to fast-tracking our national response and ending AIDS by 2030, as part of the Sustainable Development Goals, in general, and our efforts to build a resilient health care delivery system, in particular.

The Acting President: I now give the floor to His Excellency Abdourahmane Diallo, Minister of Health of the Republic of Guinea.

Mr. Diallo (Guinea) (*spoke in French*): It is my honour and privilege to speak on behalf of His Excellency Mr. Alpha Condé, President of the Republic of Guinea, and to convey his warm greetings and those of all of the people of Guinea. He thanks the President of the General Assembly for the invitation extended to him and congratulates him on the conduct and quality of the organization of this high-level meeting.

Since organizing in 2010 and 2015 the first truly free and democratic presidential elections in the country, the Republic of Guinea has inscribed in gold a most glorious page of its history since it gained independence on 2 October 1958. Moreover, this is an opportunity for me to speak on behalf of the Head of State in order to convey our thanks to our bilateral and multilateral partners for their support and valuable contributions to the organization of the various historic elections. I therefore urge them to pursue their efforts to strengthen our democracy.

All are aware that our country, Guinea, is emerging from a devastating crisis caused by the outbreak of the Ebola virus in December 2013, which lasted until April this year, with a total of 3,814 reported cases, among which there were 2,544 deaths, representing a mortality of 67 per cent. It should be noted that 1,270 patients were cured and discharged from our Ebola treatment centres and are now in the care of the country and its partners in terms of monitoring and management. The epidemic was fought and stopped by means of the technical and financial support provided by the entire international community to Guinea. I would again like to express, on behalf of the President of the Republic, our tireless thanks and gratitude for that invaluable support.

The Ebola crisis highlighted weaknesses in our health system, and those negative effects have created significant challenges for programmes to combat disease in general and HIV in particular; a considerable decrease in the use of health services has also been observed. In terms of HIV, that has affected voluntary testing and the prevention of mother-to-child transmission of HIV in the context of reduced prenatal consultation.

Therefore, international organizations that intervened in the country following the explosive outbreak and epidemic of the Ebola virus disease and that have committed themselves, alongside our country, to rebuilding our health care system must include efforts to offset the setbacks suffered by the plans to intensify efforts to combat HIV/AIDS as a result of the outbreak of the Ebola virus disease.

On 10 June 2011 in this Hall, the international community pledged to intensify efforts to eliminate HIV and AIDS through the adoption of resolution 65/277, entitled "Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS". It is clear that great progress has been made since then. According to the 2015 report of the Joint United Nations Programme on HIV/AIDS, new HIV infections and AIDS-related deaths have fallen significantly. Now the response goes one step further. In that context, the Republic of Guinea joined the consensus of the African Group and the Economic Community of West African States in adopting resolution 70/266, containing the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

In Guinea, the prevalence of the virus is 1.7 per cent across the nation, and the epidemic affects key sectors of economic development. In fact, the most affected groups are men in uniform, fishermen, transportation workers and miners, with a prevalence rate between 5 and 6 per cent in those groups, not to mention such vulnerable groups as men who have sex with men, professional sex workers, injected-drug users, prisoners, women, children and adolescents.

Since the beginning of the epidemic, Guinea has affirmed its commitment to combating HIV and AIDS, and concrete results have been achieved with the support of technical and financial partners to whom we express our profound gratitude. Currently, there are more than 35,000 people living with HIV on antiretroviral treatment. More than 442,000 pregnant women have been counselled and tested for HIV, and more than 13,150 pregnant women testing positive for HIV have received prophylactic or antiretroviral treatment for their condition so as to prevent mother-to-child transmission.

However, those results are below target. Given the dependence of countries on foreign financing, the global economic crisis experienced by donors and the increasing poverty in African countries, the gains achieved in the response to AIDS are threatened because of those factors. Therefore, the fight against HIV/AIDS is one of the priorities of the Guinean Government and concrete measures have been taken, which include the Prime Minister's personal involvement

in the fight against HIV/AIDS, the establishment of and the ongoing supply of a line of credit line on the national budget, the implementation of a mechanism to mobilize local resources, and fighting against stigma and discrimination.

In addition, I would like assure the Assembly that our Government supports and is committed to the implementation of the new approach to fast-tracking putting an end to the AIDS epidemic, as espoused by the Joint United Nations Programme on HIV/AIDS, notably in the 90-90-90 treatment target, which includes the reduction of new infections by 75 per cent and achieving zero discrimination. We once again ask for the support of our technical and financial partners to assist Guinea in achieving that objective. In that connection, I would like to launch, on behalf of the Head of State, President Alpha Condé, an appeal to everyone, especially the African States, to search for innovative solutions for local financing as a response to the national and continental plan, including the production of medications for treatment and vaccines. In that way, together we will vanquish AIDS.

The Acting President: I now give the floor to His Excellency Mr. Chris Fearne, Minister of Health of the Republic of Malta.

Mr. Fearne (Malta): The burden of morbidity caused by HIV/AIDS remains high. Malta believes that the suffering and long-term costs brought on by HIV/AIDS, both for health care and for society as a whole, can be offset by greater investment in prevention and control measures. The effects of HIV infection and AIDS remain high globally, and our presence here shows the commitment that we are making to step up our efforts to deal with the challenge that HIV is posing and to commit to a fast-track approach to the AIDS response over the next five years.

We have boldly undertaken, in the 2030 Agenda for Sustainable Development (resolution 70/1), to end the AIDS epidemic by 2030. Last month, I attended the World Health Assembly in Geneva and supported the Global Health Sector Strategies 2016-2021 on HIV. It embraces the target of zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination. That is our vision of a world where people living with HIV are able to live long and healthy lives.

We support the statement delivered by the representative of the Netherlands today on behalf of the 28 States members of the European Union (EU).

In this meeting today, we are calling for regional approaches to fast-tracking the AIDS response. The World Health Organization European region has recorded the highest number of newly diagnosed HIV infections since the beginning of its reporting in the 1980s. Although there have been impressive gains in reducing the number of AIDS cases diagnosed during the past decade, the overall rate of new HIV infections is still unacceptably high. The figures indicate that the decline in reported HIV cases among heterosexuals and people who inject drugs has been counterbalanced by a significant increase in reported cases in other high-risk groups.

There is good evidence for what works to effectively prevent and control HIV. That includes HIV prevention programmes, both in terms of coverage and uptake, including those targeting men who have sex with men; HIV testing programmes aimed at detecting cases early and linking people living with HIV to treatment; and HIV treatment programmes aimed at ensuring that the proportion of HIV-positive patients with an undetectable viral load is increased, both for their personal benefit, as well as in order to reduce HIV transmission. Ending the HIV epidemic will not be possible without increasing efforts to reduce new infections and prevent AIDS-related deaths among key groups of our population at the highest risk of HIV. If we do not act and act fast, there will be a cost to pay, as it means more loss of lives, reduced life expectancy and poorer health, a rise in health care spending and the loss of economic potential.

During the Malta presidency of the Council of the European Union in the first half of 2017, Malta will host a technical meeting on HIV in collaboration with the European Centre for Disease Prevention and Control. The overall aim of that technical meeting is to bring together leading experts on HIV prevention and control from across Europe to discuss how Europe can achieve the goals outlined in the Sustainable Development Goals, as well as those adopted in the Global Health Sector Strategies 2016-2021 at the World Health Assembly and the actions adopted by the General Assembly at this high-level meeting. The experts will discuss at the meeting in Malta evidence-based strategies, share achievements and examples of good practices that have been shown to work, and identify solutions to common challenges. The sharing of experiences will support EU member States in their efforts to improve the implementation of their evidence-based efforts

to prevent and control HIV. The priority areas where the member States can scale-up their efforts will also be discussed.

The outcomes of the Malta meeting will be outlined in a declaration of commitment. We understand that a high level of political commitment to fast-track actions on HIV and AIDS is also essential. To support that, I will be discussing the issues with my fellow European Union Health Ministers at a ministerial meeting in Malta in March 2017.

Malta is committed to tackling the emerging problem of HIV/AIDS and will be at the forefront of efforts to ensure that HIV is high on the political agenda of Europe. We can curb the epidemic in Europe by scaling up coverage for testing, treatment and prevention, focusing on key populations at risk. Only then can we ensure that no one is left behind.

The Acting President: I now give the floor to His Excellency Mr. Molwyn Joseph, Minister of Health and Environment of Antigua and Barbuda.

Mr. Joseph (Antigua and Barbuda): Antigua and Barbuda aligns itself with the statement delivered by His Excellency Mr. Timothy S. Harris, Prime Minister of Saint Kitts and Nevis, on behalf of the Caribbean Community (see A/70/PV.97).

Antigua and Barbuda is fully committed to the global goal of ending the AIDS epidemic by 2030. The Government has invested substantial financial and human resources in HIV-prevention and control. They include the establishment of dedicated organizational capacity in our National AIDS Programme, the provision of antiretroviral medication free of cost to patients, and access to necessary diagnostics for all, without discrimination. Our commitment has borne fruit. More persons are being tested annually, and the number of persons in care and treatment has doubled from 2011 to 2015.

We recognize that we will have to fast-track our approach to HIV/AIDS if we are to contribute to the global goal of eliminating the disease by 2030. We also recognize that the prevention and treatment of HIV/AIDS and fast-tracking our response to it come with a high cost. That high cost comes at a time when our small economy is buffeted by exogenous shocks that are unrelenting.

For instance, the unfair branding of the Caribbean region as a high-risk area for financial services and the policy of so-called de-risking that is being applied to our financial institutions by large banks in the United States and certain countries in Europe has already had an adverse effect on our banking sector and threatens to constrict severely our participation in the global economy. Additionally, climate change and global warming have brought new demands, requiring expenditures of a magnitude that we can ill afford. Those new demands from climate change have come upon us even though we are among the world's least polluting countries. Amid that troubling scenario, my country is also restricted from access to concessional financing from the world's international financial institutions based on the single and misleading criterion of per capita income.

I present those facts not to resign from my Government's commitment to curbing HIV/AIDS, but to point out the unnecessary barriers that are being placed before our economic growth and development at a time when we should be concentrating resources on critical issues in health. I therefore ask the international community to look at small countries such as mine, not through a narrow prism of this or that issue that preoccupies conferences and meetings like this one, but through a wider lens that sees our problems in a holistic manner.

In that regard, even though my Government has allocated resources to treating and eliminating HIV/AIDS — and we are delivering — we are constantly juggling scarce resources. That is compounded by the fact that the national AIDS programme budget has increased by 50 per cent from 2014 to 2016. This is why I plead today for additional and focused resources from the international community to help us meet our own goals and the goal of the international community to end the epidemic in 14 years.

While I make the call for additional resources and focused help from the global community, I do not wish to convey the impression that my Government is passive on this matter or that it will simply sit back and await an international response. We recognize that we have a duty to care for our people in all aspects of health. That excludes no disease, and it certainly includes AIDS. Already, my Government is providing antiretroviral drugs to persons living with HIV at the State's expense. That has led to a 50 per cent reduction in the number of HIV-related deaths for the period 2011 to 2015. Additionally, in collaboration with civil society groups, we have been able to improve the quality of

life for persons living with HIV. We are also working on reducing stigma and discrimination. We have also managed to eliminate the mother-to-child transmission of HIV and are awaiting validation.

But at the end of the day, we all have to be realistic about the challenges that confront small States in the Caribbean. One hurricane can wipe out years of gross domestic product that has been achieved by hard struggle. We look to the next four months with more than a little trepidation, for we are keenly aware that climate change has created weather phenomena that are unpredictable, powerful and destructive.

The global community has before it an opportunity to act together in the interest of all humankind. The analysis of the global data, which we have all seen, reveals that the world has a window of opportunity in which to deliver focused and effective action by fully funding and front-loading HIV investment. If Governments and the private sector come together, the overall investment in HIV prevention and treatment could be raised from the $19 billion available two years ago to $26 billion annually by 2020. Surely, that is a cause worthy of collective action. What cause could be more noble, more right and more laudable than ending unnecessary human suffering and death from AIDS-related illnesses — a disease that is within our grasp to halt?

The meeting rose at 1.15 p.m.

United Nations A/70/PV.100

General Assembly

Seventieth session

Official Records

100th plenary meeting
Thursday, 9 June 2016, 3 p.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Mr. Abdrakhmanov (Kazakhstan), Vice-President, took the Chair.

The meeting was called to order at 3 p.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Bearing in mind the tight schedule of the Heads of States and Governments, as well as Ministers, I would strongly encourage delegations to limit their interventions to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. This will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their text and submit their full-length statements to the Secretariat for posting on the PaperSmart portal.

I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister of Health of Republic of South Africa.

Mr. Motsoaledi (South Africa): The South African delegation wishes to join other delegations in extending its warmest congratulations to the President of the General Assembly on convening this high-level meeting on an issue of critical importance to my country and many others. The Permanent Representatives of Switzerland and Zambia, whom the President entrusted with the very challenging task of co-facilitating the negotiations on both the modalities resolution and the Political Declaration (resolution 70/266, annex), have managed the process in a professional, transparent and inclusive manner, and we warmly thank them for their hard work.

South Africa continues to support United Nations efforts aimed at combating HIV/AIDS and is proud to have been part of the process to draft this collective undertaking. It is through this kind of leadership that we will inspire the world to achieve the shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

South Africa endorses the Political Declaration and aligns itself with the statement of the representative of Zambia, who spoke on behalf of the Group of African States (see A/70/PV.98).

Over the years, the South African Government has intensified its efforts to deal with HIV/AIDS-related challenges. South Africa has the largest HIV/AIDS programme in the world with more than 3.4 million people currently on antiretroviral therapy. However, we need to further intensify our prevention interventions or we will not be able to reach our socioeconomic development objectives and the Sustainable Development Goals. In that regard, we will redouble our efforts to prevent new infections through a multisectoral approach, including biomedical, socioeconomic, structural and behaviour-change interventions. We are committed to reaching the 90-90-90 targets.

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Measures needed to eradicate AIDS require substantial and sustainable financial resources. Domestic financing is key to ensuring this sustainability. In that regard, domestic financing has contributed close to 80 per cent funding to the national HIV/AIDS response. We conducted an investment study, which recommended the allocation of additional funding in the amount of 1 billion South African rand from the national treasury.

The international community, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, is exemplary in demonstrating global solidarity in the fight against these diseases. Since the Global Fund's establishment, South Africa has benefited substantially and continues to contribute to the Global Fund. The happy story we now tell regarding HIV/AIDS would not have been possible without this support. For this reason, South Africa urges donors to continue to support the Fund. We are looking forward to a successful Global Fund replenishment meeting later this year.

For more than a decade, the price of first-line antiretroviral therapies has dropped significantly, which has contributed to our success in treating 3.4 million HIV-positive people. However, second- and third-line regimens are still out of reach. In that regard, my delegation firmly believes that more can be done, including by using the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health.

Research and development for pediatric medicines and multidrug resistant tuberculosis remain areas where new formulations remain scarce. To fill this gap, new approaches to research and development for therapeutic agents require considering delinkage of the cost of research and development from the final price. This will ensure sustainable access to easy-to-use drug regimens that are affordable and less toxic. South Africa is implementing pre-exposure prophylaxis and test-and-treat models, which will increase the demand for antiretroviral drugs.

My delegation is concerned that legal, socioeconomic and structural issues, such as unequal power relations between men and women, continue to drive the epidemic. Women and adolescent girls continue to bear the heavy burden of HIV in our region, due to their vulnerable situation compared to that of men and adolescent boys. Therefore, gender equality, equity and the empowerment of women and adolescents, through policies in the areas of employment and gender-based and sexual violence, should be seen as a central element in ending AIDS.

Recent phylogenetic mapping in one of the areas of high transmission has given us a more granular insight into biological drivers of HIV infection, which has informed the design of a national campaign to disrupt HIV transmission in the country. The new campaign will target girls and young women in the age group from 15 to 24 and the men who infect and impregnate them, found to be in age range from 24 to 35.

Investing in transformative AIDS responses will contribute to gender equality and empower women and girls. The very spirit of leaving no one behind, which shaped the 2030 Agenda for Sustainable Development (resolution 70/1), is negated when we discriminate against our citizens on the basis of their sexual orientation and gender identity. Our Constitution enjoins us to refrain from unfairly discriminating against anyone, including on the basis of race, gender, sex or sexual orientation. It is our fervent hope that all Member States will find a way of being more inclusive and responsive to the needs of peoples, especially vulnerable groups and key populations.

It is the hope of my delegation that our collective commitment, as expressed in the Political Declaration on HIV and AIDS, reflects the aspirations of the many people living with HIV and that it will inspire confidence. The Declaration will also serve as an inspiration for the thousands of representatives expected to attend the International AIDS Conference in Durban, South Africa, next month. We look forward to welcoming all Member States to our country. As we prepare to go to Durban with this important Declaration, let us accelerate the fight to end HIV and AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. Patrick Pengel, Minister of Health of the Republic of Suriname.

Mr. Pengel (Suriname): Suriname aligns itself with the statement delivered by the representative of Saint Kitts and Nevis on behalf of the Caribbean Community (see A/70/PV.97).

The Republic of Suriname is working towards jumpstarting the fast-Track initiatives in the fight against HIV/AIDS, as we are committed to reaching the Sustainable Development Goal of eliminating HIV by 2030. As we reflect on the past decade in the

fight against HIV, Suriname recognizes the following achievements.

We recognize improvement of the prevention of mother-to-child transmission programme. We recognize the increasing number of persons living with HIV who have access to antiretroviral drugs. We recognize the fact that we are losing fewer people to AIDS and that the number of new HIV infections has decreased. Last but not least, we recognize our commitment, shown over the past years, to domestically funding the HIV programme by funding 60 per cent of total HIV expenditure.

Notwithstanding the progress made so far, worrisome gaps remain. Looking at the HIV continuum of care, there are significant gaps in identifying, linking and retaining people living with HIV in the care system. Estimates show that significantly fewer than the desired 90 per cent of people living with HIV know their status, and among those identified, a third fail to enter into care. Once in care, still too many are lost to follow up. It is imperative to address these gaps in order to avoid a rebound of the HIV epidemic.

We have learned that doing business as usual is not resulting in the further mitigation of the HIV epidemic. We are not reaching key populations with those methods, and in the meantime the number of populations affected by HIV is growing. Strong collaboration with civil society is therefore a prerequisite for implementing HIV programmes among key populations. Multisectoral communication and cooperation are strategic in a successful approach and must be integrated into all HIV policies.

We acknowledge the vital importance of increasing our efforts in the fight against HIV/AIDS in order to maintain the progress made and to fast-track our HIV response. We need to address the root causes of inequities in access to healthcare. We need zero tolerance for the infringement of sexual reproductive health rights, as those factors are known to perpetuate the gaps in HIV prevention, treatment and care. To that end, Suriname is committed to putting in the effort to frontload resources needed to scale up the HIV response to the maximum of available national opportunities. In that context, Suriname reaffirms the reference made in the Political Declaration on HIV and AIDS (resolution 70/266, annex) to the importance of both national input and international collaboration to strengthen those regions that need extra support.

Suriname looks forward to this high-level meeting being a stepping stone to new global frontiers in alternative funding mechanisms, improving efficiency and effectiveness in order to enhance access to HIV care for all people. International collaboration, specifically South-South collaboration, provides opportunities to tap into and strengthen HIV programmes. As a developing country, the Government of Suriname also welcomes improved global access to health commodities. In that regard, Suriname wants to ensure universal access to sexual reproductive health rights and HIV services for key populations; strengthen their linkage and integration; focus on the needs of women and girls; empower, educate and employ adolescents and youth for a healthy and prosperous next generation; and realize the demographic dividend.

In conclusion, Suriname recognizes that effectively counteracting stigma and discrimination is a prerequisite for achieving the 90-90-90 HIV continuum of care targets. We are committed to addressing policies and practices that may impede access to HIV services and to ending HIV-related stigma and discrimination in order to promote just, peaceful and inclusive societies. Suriname continues with endeavours to provide our people with what they are entitled to — quality, affordable and appropriate HIV services and commodities, while working towards a society that embraces rather than condemns diversity.

The Acting President: I now give the floor to His Excellency Mr. Omar Sey, Minister of Health and Social Welfare of the Islamic Republic of the Gambia.

Mr. Sey (Gambia): At the outset, I would like to align my Government's position with the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98), and to convey the greetings and best wishes of the President, the Government and the people of the Gambia, as well as to express the desire that our deliberations will be crowned with success.

Today we meet at a time of great optimism in the global response to HIV and AIDS. Members would agree that the whole world recognizes that significant progress has been made in combating HIV and AIDS. Across the globe, more people living with HIV than ever before are accessing life-saving treatment; the number of deaths from AIDS-related causes has declined; fewer babies get infected with HIV; and the number of new HIV infections has dropped. No doubt,

such progress is the result of concerted effort and global leadership commitments. The tireless efforts of civil society — including the meaningful involvement and participation of people living with HIV — combined with scientific innovation and global solidarity, have also helped to achieve those great strides. There is every indication that the response will be strengthened further by the commitment of Governments to ending the AIDS epidemic by 2030, while promoting shared responsibility and unity. Although much has been achieved, much remains to be done in combating HIV and AIDS.

Since the 1995 adoption of the Beijing Declaration and Platform for Action, the reality for most women and girls worldwide, particularly in Africa, is that the pace of change has been unacceptably slow. Evidence shows that populations at higher risks of HIV infection are still being left behind. In some settings, girls and young women are often without formal paid jobs. As a result, they are denied the opportunity to build skills, assets and resilience. As a result, they are denied the opportunity to build skills, assets and resilience. That drives them into the practice of sex work which eventually exposes them to the risk of HIV infection.

There is also the threat of violence that continues to confront girls not only in conflict and post-conflict situations but even in their daily lives. Again, in many societies, early marriage and harmful traditional practices remain deep-rooted, and adolescent girls and young women are often prevented from seeking services and making decisions related to their own health and that of their families. There is ample evidence that these factors continue to expose girls and young women to high risk for and vulnerability to HIV infection.

In sub-Saharan Africa, we are told that girls and young women account for one in five new HIV infections and are at almost three times higher risk than their male counterparts. In the Gambia, we have registered remarkable achievement in addressing issues around harmful traditional practices through appropriate legislation. Our Government has now banned female genital mutilation; that is expected to contribute positively to the national response to HIV and AIDS.

It is an established fact that the AIDS-related targets in the Sustainable Development Goals can be met only through a fast-track approach that is adequately funded and equitable and that addresses the needs of populations at higher risk of HIV infection, such as women and adolescent girls. It is partly in recognition of the glaring fact that there is an urgent need to step up advocacy efforts with the global leadership around the critical issues facing women and girls today, including teenage pregnancy, gender-based violence, and transmission of HIV from mother-to-child. I quite agree with the Archbishop Desmond Tutu when he said,

> "If we are to see any real development in the world, then our best investment is women".

The Gambia is already demonstrating leadership and direction in that regard. I am happy to report that, as a country, we have achieved gender parity in education by making it free from primary to secondary levels. Also, the Government has domesticated the priorities of gender equality and rights in line with the African Union Agenda 2063; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the Solemn Declaration on Gender Equality in Africa of 2004; the Addis Ababa Declaration on Population and Development in Africa Beyond 2014; and the 2013 Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria. These priorities are all in recognition of the indispensable role that women play in sustaining the AIDS response.

A key role that women continue to play in sustaining the HIV response is the prevention of mother-to-child transmission. It is well documented that women have better health-seeking behaviour than men. That is true for HIV-related services as women participate more actively, leading to a marked reduction in the number of babies becoming infected with HIV. I must emphasize that keeping women healthy brings a huge economic return. It is well documented that sub-Saharan Africa is among the world's fastest-growing economic zones and that women play a leading role in Africa's economic growth. That economic growth can be an engine for reducing poverty, which is one of the root causes of women's vulnerability to HIV.

We have also seen a more meaningful engagement of people living with and affected by HIV and AIDS. In the Gambia, there are 11 support groups and networks of people living with and affected by HIV and AIDS. They include such women's groups as Mutapola, which continue to mobilize and speak out openly about their rights and experiences, with a view to contributing positively to the response to HIV and AIDS. Such

groups of people living with and affected by HIV and AIDS provide the opportunity and platform to reach out to those who continue to live in fear due to stigma and discrimination.

I wish to state that as a country, the Gambia remains committed to adopting a balanced and all-inclusive political declaration on HIV and AIDS. However, we recognize the need to take national context in defining key populations and ensuring universal access to quality, affordable and comprehensive sexual reproductive health and HIV services, which is in line with the African common position on HIV and AIDS.

In conclusion, allow me to reiterate that is incumbent on all of us to keep the momentum of this meeting and resolve to implement the agreements reached. It is my hope and desire that together we can defeat HIV and AIDS as our legacy to present and future generations.

The Acting President: I now give the floor to His Excellency Mr. Mamy Lalatiana Andriamanarivo, Minister of Health of the Republic of Madagascar.

Mr. Andriamanarivo (Madagascar) (*spoke in French*): Madagascar aligns itself with the statement delivered by the representatives of Zambia on behalf of the Group of African States and of Botswana on behalf of the Southern African Development Community (see A/70/PV.98).

In the context of the Sustainable Development Goals, like all other nations, Madagascar, the largest island in the Indian Ocean, has endorsed the commitment to ending the AIDS epidemic by 2030. Currently, the country is facing a relatively low prevalence of HIV, amounting to 0.3 per cent of the general population aged 15 to 49 years. The epidemic is concentrated in the key high-risk populations: men who have sex with men, with a prevalence of 14.8 per cent; injecting drug users, with a prevalence of 7.1 per cent; and sex workers, with a prevalence of 1.3 per cent. Furthermore, vulnerability factors are real, and include significant interaction between people in tourist areas and major cities, national and international migratory movement in areas of mining development, and poverty. Notable risk factors and behaviours fostering HIV transmission include initial sexual relations at an early age, high incidence of sexually transmitted infections, multiple sexual partners, low condom use, and the sharing of syringes among injecting drug users, to mention only a few. In the light of those elements, it can be said that Madagascar is not immune to an outbreak of the HIV epidemic.

Aware of what the response entails, all stakeholders at the national level are ready to tackle the challenges of fast-tracking the response by setting ambitious goals and adopting effective approaches, including by focusing on high-impact interventions in terms of target populations and locations, that is, with effective decentralization; integrating the HIV response into all sectors of national development; strengthening the health system; and increasing quality health and community service coverage. By establishing a national committee to combat AIDS at the level of the presidency of the Republic, the Government of Madagascar has demonstrated a strong political commitment.

Our national development plan, in line with the Sustainable Development Goals, will provide all the necessary conditions for integrating and accelerating the multisectoral response. Built around the vision of Madagascar as a country with zero new infections, zero AIDS-related deaths and zero discrimination, the national strategic plan for effective response to sexually transmitted infections, HIV and AIDS aims to achieve three important impacts by the end of 2017: first, to reduce the number of new HIV infections by at least 50 per cent in the key populations that are most vulnerable to HIV infection and in the general population; secondly, to reduce to less than 5 per cent the proportion of HIV-infected infants born to HIV-positive mothers; and lastly, to increase to 95 per cent the survival of adults and children living with HIV on antiretroviral treatment 12 months after starting the treatment.

In general, Madagascar identifies with the Political Declaration on HIV and AIDS (resolution 70/266, annex) because it shows the way forward for the first 15 years, in particular, to address the specific problems facing our country in its response to HIV/AIDS. Furthermore, courses of action proposed by the Declaration cover a range of challenges and urge Member States to address the diverse challenges they face. In Madagascar, the current prevalence is relatively low, but the epidemic is still present, which means that it is precisely now that we must act in order to prevent an explosion. It is also now that we have a better chance of achieving the three zero goals and ending the epidemic.

For all those reasons, the delegation of Madagascar, representing the people of Madagascar as a whole at

this high-level meeting, supports the 2016 Political Declaration on HIV and AIDS. It urges Member States present at the meeting to remain sensitive to the needs of such low-prevalence countries as Madagascar and invest the technical and financial resources needed to strengthen the prevention of infection.

The Acting President: I now give the floor to His Excellency Mr. Felix Kabange, Minister of Health of the Democratic Republic of the Congo.

Mr. Kabange (Democratic Republic of the Congo) (*spoke in French*): It is an honour for me to take the floor on behalf of the Government of the Democratic Republic of the Congo.

The delegation of the Democratic Republic of the Congo, which I am head, supports the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

Allow me to commend the relevance of this United Nations high-level meeting on AIDS, convened at a time when global indicators on HIV/AIDS are improving across all continents. Our thanks go to Secretary-General Ban Ki-moon and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé.

This is an opportunity that we must seize to step up the fight against HIV/AIDS and move towards an AIDS-free generation, to which the Democratic Republic of the Congo and its President, His Excellency Mr. Joseph Kabila Kabange, are committed. Speaking at the nineteenth International AIDS Conference in Washington, D.C., in 2012, the theme of which was the end of AIDS, I shocked some by saying that the topic should be considered only by developed countries because Africa and my country in particular could not accept that we were speaking about the end of AIDS while one out of three children born to HIV-positive mothers were infected, the number of new HIV infections and HIV-related deaths were on the rise, and people living with HIV did not have access to medicines.

Less than five years later, I am in New York once more to welcome the very remarkable progress made in the fight against HIV/AIDS in the Democratic Republic of the Congo and throughout Africa. Between 2011 and 2015 the Democratic Republic of the Congo, my country, was able to increase its antiretroviral coverage for pregnant women receiving antiretroviral treatment to prevent mother-to-child transmission from 13 to 64.9 per cent. Meanwhile, between 2000 and 2010 the absolute number of people living with HIV and receiving treatment rose from 43,000 persons selected to receive antiretroviral treatment for 10 years, to 120,000 in the past five years, representing a threefold increase compared to the previous 10-year period. HIV prevalence has stabilized at around 1.2 per cent of the general population.

All those achievements have been made possible thanks to the leadership and commitment at the highest level of President Kabila Kabange, who not only is committed to an AIDS-free generation by 2030 but who himself presides over the national multisectoral committee to combat AIDS. Thanks to that commitment, with the support of our technical and financial partners — including the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, which I have the pleasure to thank — and using a multisectoral approach, geographical coverage was increased, reporting was improved, antiretroviral medications were made available and interventions were streamlined. It should also be noted that services were administered with community participation at all levels and that persons living with HIV were present at community distribution sites.

However, providing care for children remains a major challenge in the Democratic Republic of the Congo. Of an estimated total of 445,000 people living with HIV, slightly more than 50,000 are children under 15 years of age, and of that group, about 9,000, or approximately 18.3 per cent, were still on antiretroviral treatment by late 2015. That will not prevent us from redoubling our commitment to eliminating paediatric AIDS. The experience gained in the fight against HIV can be used to combat such emerging diseases as Ebola, yellow fever, the Zika virus or Lassa fever.

Thanks to its success in overcoming seven Ebola epidemics, the Democratic Republic of the Congo is able to reassure Member States that if mobilization, intensified research and the strategies and actions deployed to combat AIDS can be applied to combating the Ebola virus or other diseases, success can be guaranteed in a very short time. In the Democratic Republic of the Congo, the community-based strategy, which involves placing communities at the centre of the fight against Ebola, was key to the success of all our fights against these various epidemics.

Returning to the fight against HIV/AIDS, which brings Member States together here today, on 8 December 2015 the Democratic Republic of the Congo committed to and launched its 90-90-90 strategy, in the context of respect for human rights, as evidenced by the 2008 adoption of a law on the protection of persons living with HIV. Relying on the results of the past five years, the Democratic Republic of the Congo is convinced that ending the AIDS epidemic is possible. I have come to declare from this rostrum that the Democratic Republic of the Congo is willing to change the face of AIDS and to make the eradication of HIV/AIDS a reality.

In the Democratic Republic of the Congo, the fight against HIV began with the discovery of the first 53 cases on its soil at the onset of the epidemic; so too, the acceleration of that fight with a view to eradicating the AIDS epidemic in Africa will begin in the Democratic Republic of the Congo. Therefore, in addition to all local and national commitments, which are marked by an increase in the share of domestic resources out of all mobilized funds — from 3 per cent in 2010 to 24 per cent in 2014 — the Democratic Republic of the Congo wishes to announce that it will make an annual contribution of $100,000 to UNAIDS, starting in 2016.

Finally, we wish to draw everyone's attention to the fact that the world has made progress, but it has not yet eradicated AIDS. If we do not seize this opportunity, there will be a rebound effect with duplication of costs, and the impact on Africa may be irreparable. The Democratic Republic of the Congo therefore calls for HIV/AIDS to remain a priority on the global agenda focused on achieving the Sustainable Development Goals and targets.

The Acting President: I now give the floor to His Excellency Mr. Saleh Alamr, Deputy Minister of Economy and Planning of the Kingdom of Saudi Arabia.

Mr. Alamr (Saudi Arabia) (*spoke in Arabic*): I am honoured to deliver this statement on behalf of the countries of the Gulf Cooperation Council (GCC).

At the outset, I would like to thank the Secretary-General for his report on the fast track to ending the AIDS epidemic (A/70/811).

Five years have passed since the General Assembly adopted the Political Declaration on HIV and AIDS, in 2011. Since then, a great deal of progress and achievements have undoubtedly been realized in certain areas. However, after reviewing the Secretary-General's report, it is still clear that we must do more to achieve our goals, especially since there are many discrepancies among the States that have benefitted from these achievements. Also, there are concerns that the disease might return in certain countries. Therefore, we must shoulder our responsibility to find the ways and means to prevent that from happening and to put an end to HIV and AIDS.

The GCC countries are the least affected by this epidemic, and an important reason for that is the culture of the community, which is based on religious, social and cultural values that encourage people to avoid behaviours that could contribute to HIV infection. Nevertheless, we still work with all members of the community and uphold our responsibility to fight this epidemic at the local, regional and international levels.

The State of Qatar has implemented a national programme to fight HIV/AIDS, which adopts a strategy of investing in prophylactic and preventive programmes that raise awareness about the disease, encourage early diagnosis, and offer care and treatment to those infected by the disease. Qatar has also made great efforts in the fight against stigmatization and discrimination against people living with HIV/AIDS. Furthermore, the Doha Institute for Family Studies and Development organized the symposium on family, the Millennium Development Goals and AIDS in the Middle East in 2011, in collaboration with the Joint United Nations Programme on HIV/AIDS and UNICEF. The outcome document of the symposium, which contains recommendations, was one of the key references for the Arab strategic framework.

As for the United Arab Emirates, it has adopted an effective strategy to fight HIV and AIDS and is continuously updating its national programme for the prevention of AIDS, especially when it comes to the development of legislation and health systems, as well as the development of protocols to raise the awareness of individuals, families and the community.

The State of Kuwait has also achieved much progress in this regard, such as providing free treatment for all infected people, in accordance with its Law No. 62/1992 on the prevention of AIDS, which is binding and upholds the rights of infected people.

The Kingdom of Bahrain established a National Committee for the Prevention of HIV, which is made up of a number of ministries and is headed by the Ministry

of Health. This Committee has set out a multisectoral strategy that engages people living with HIV.

Through its national programme, Saudi Arabia is working to enhance the health of individuals and the community by preventing sexually transmitted infections in general and treating HIV-positive people in particular. We are pleased to provide preventive and treatment services in a way that maintains patients' confidentiality and takes into consideration the psychological and social status of the people affected.

The Sultanate of Oman has a national programme to fight HIV and is working to raise community awareness of the ways people can prevent the spread of HIV and AIDS, as well as early diagnosis and voluntary testing and consultations. It also encourages the acceptance of HIV-positive people in the community and tries to reduce their stigmatization and discrimination.

In addition to all this, the GCC countries observe the Riyadh Charter on HIV/AIDS, which calls on them to work on the implementation of 10 recommendations, which touch upon the issues of care and health support for people living with HIV and improving the involvement of civil society in addressing the disease and developing youth-centred preventive programmes.

In conclusion, the seriousness of this challenge and our common responsibility demand cooperation and teamwork in order to be able to face this problem and to find the means to put an end to the disease. We are looking forward to the fruits of these meetings and discussions.

The Acting President: I now give the floor to His Excellency Mr. Masakazu Hamachi, Parliamentary Vice-Minister for Foreign Affairs of Japan.

Mr. Hamachi (Japan): Thirty-five years have passed since AIDS was first recognized and reported in 1981. Our knowledge and understanding of HIV/AIDS at the time were woefully poor. People feared this new infectious disease was incurable and untreatable. Not only was the experience of HIV/AIDS itself painful and inexorable for those living with the disease and their families, but the discrimination and stigma heaped upon the infected added cruel insult to already grievous injury.

Today, however, we have a chance to realize the end of the HIV/AIDS epidemic once and for all. Indeed, we have achieved outstanding progress. With the support of organizations, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, increased access to antiretroviral drugs has greatly reduced both the number of deaths from AIDS-related illness and the number of new HIV infections.

Japan has been a long-standing advocate of the concept of human security. Human security seeks to protect the vital foundations of the lives of all individuals in a way that ensures freedom and supports self-realization through the development of individual human potential. Based on this guiding principle, Japan wishes to contribute to international efforts to address global health challenges.

One of the most effective means of ensuring human security is the achievement of universal health coverage. Last year, the international community adopted the 2030 Agenda for Sustainable Development (resolution 70/1), which includes the goal of universal health coverage. In order to achieve universal health coverage, we need social restructuring and world leaders must commit to the principle of leaving no one behind from the benefits of health care.

At the previous high-level meetings on HIV/AIDS, world leaders committed to accelerating the efforts to achieve universal access to comprehensive prevention, treatment, care and support for HIV/AIDS. Such commitments are best realized through the achievement of universal health coverage. In order to realize the end of the HIV/AIDS epidemic, we depend on the leadership of the heads of delegations who are gathered here today. We should create a world where HIV prevention, including condom use, education, diagnosis, treatment, care and support are universally accessible, where HIV/tuberculosis co-infection is managed, where mother-to-child transmission of HIV is prevented and where there is neither prejudice nor discrimination. To realize such a world, we should aim to achieve universal health coverage.

Furthermore, it is crucial to address the needs of those who are particularly vulnerable, such as women and girls and other key populations, including men who have sex with men, sex workers and people using drugs who are the most severely affected by the HIV/AIDS epidemic. We must realize a society that protects and supports all vulnerable individuals and people living with HIV. We are living together.

To this end, health systems should mobilize large financial and human resources, including those in developing countries. Japan welcomes the recent trend

in developing countries to place a higher priority on health sector development and increase domestic resource mobilization. It is also important that we forge an enhanced international framework to support those developing countries that are strengthening their health systems.

Japan has long played a major role in global health. At the Group of Eight (G-8) Summit in Kyushu-Okinawa in 2000, Japan introduced infectious disease control to the Summit agenda for the first time in the history of the G7 and G-8. Through this action, Japan paved the way for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. During the G-8 Hokkaido Toyako Summit in 2008, the G-8 agreed on actions aimed at strengthening health systems.

Last month, Japan hosted the Group of Seven (G-7) Ise-Shima Summit. Under Japan's presidency, the G-7 committed to concrete actions to advance global health as elaborated in the G-7 Ise-Shima Vision for Global Health, highlighting that health is the foundation of economic prosperity and security. The G-7 specifically committed to promoting universal health coverage and to reinforcing the global health architecture to strengthen response to public health emergencies. Before the Summit, Prime Minister Shinzo Abe announced the Government of Japan's pledge to provide $800 million to the Global Fund in the coming years.

Japan has been actively supporting the efforts of developing countries both bilaterally and multilaterally to strengthen their health systems. I hereby reaffirm that Japan intends to fulfil its commitments to the international community and to contribute even further to addressing the world's global health challenges.

The Acting President: I now give the floor to Her Excellency Ms. Tone Skogen, State Secretary of Foreign Affairs of Norway.

Ms. Skogen (Norway): Norway fully agrees that there is a need to scale up efforts to fast-track the end of AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 strategy sets out clearly that there is no alternative to fast-tracking the AIDS response. Let us build on the historic success of the global AIDS response over the past 15 years and avoid setbacks.

Our new Political Declaration (resolution 70/266, annex) and the UNAIDS strategy must inform and guide our common efforts to end AIDS. We know that the drivers of this epidemic are poverty, inequity, social exclusion, discrimination, gender inequality and norms and perceptions of masculinity. The UNAIDS strategy gives us the direction we need to confront these drivers. The evidence is clear. If we do not succeed in addressing the needs and challenges of key populations and populations of high risk we will not end the epidemic.

Over the past 15 years, Norway has continuously increased its global health investments, thanks to broad political support in our Parliament. Ending AIDS remains a priority and Norway will continue its large AIDS investments through the Global Fund, UNAIDS, International Drug Purchase Facility and civil society organizations. Norway has also rallied behind the Global Strategy for Women's, Children's and Adolescents' Health. Ending AIDS is an important factor for achieving the objectives of the Global Strategy to transform the future so as to ensure that women, children and adolescents not only survive, but also thrive.

The Global Financing Facility in support of Every Woman, Every Child has been set up to close the financing gap in high burden countries and enable them to reach these goals. It is designed to trigger more domestic financing and encourage the pooling of resources. We still need donor funding, but this will play a more catalytic role. Stronger country ownership and increased domestic financing — in line with the Addis Ababa Action Agenda — will make financing more sustainable. The new Global Financing Facility Trust Fund will provide countries with catalytic financing of their national plans to implement the Global Strategy. Norway was one the first contributors to the Trust Fund, which is now engaged in 12 high-burden countries.

At the same time, the 2030 Agenda for Sustainable Development (resolution 70/1) sets a new course, where the fight against AIDS is taken out of isolation and integrated more widely. I would also like to stress the need to ensure a strong focus on quality education. Evidence shows that school attendance reduces the rates of HIV infection in young people — both girls and boys. Access to comprehensive sexuality education and sexual and reproductive health services for young people is also important for enabling adolescents to finish their education and realize their potential. Other critical factors that need to be integrated into these efforts are the fight against tuberculosis and the

availability and quality of health workers as part of stronger overall health systems.

Finally, Norway would like to emphasize the importance of involving young people in this work. As the saying goes, nothing about adolescents without adolescents. We are now at a critical point in the fight against AIDS. Over the next days, let us all join forces and commit ourselves to finishing what we have started.

The Acting President: I now give the floor to Her Excellency Ms. Deborah L. Birx, Global Aids Coordinator of the Department of State of the United States of America.

Ms. Birx (United States of America): I want to begin by thanking the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its leadership. Today, we know the depth and breadth of the HIV pandemic, the number in need of treatment and have a global shared vision of 90-90-90 because of Michel Sidibé and UNAIDS. This week, as we mark the thirty-fifth anniversary of the first reports of what later would come to be known as AIDS, we reflect on both the tremendous progress in the global HIV/AIDS response, but also recognize that there is substantial work remaining to be done to end AIDS by 2030.

The United States Government's commitment to ending the HIV/AIDS pandemic cannot be overestimated. We have invested with our voices, our capacity and our dollars. From the Ryan White HIV/AIDS Program and the United States President's Emergency Plan for AIDS Relief (PEPFAR) to the National HIV/AIDS Strategy and the Affordable Care Act, we have saved millions of lives at both home and around the world.

Domestically and internationally, we have seen the number of deaths due to HIV/AIDS decline significantly for some, but not all. Indeed, the discussions leading up to this moment make it clear that we have not nearly made the progress in ensuring respect for all persons, the protection of human rights, zero discrimination and enabling legal and policy environments to deliver quality treatment and prevention services for all. Populations at the greatest risk are being further left behind pushed further into the shadows in our global HIV/AIDS response. These are the key populations defined by UNAIDS as gay men and other men who have sex with men, transgender persons, sex workers, people who inject drugs and prisoners.

For these key populations, we must translate words of concern into immediate actions to ensure that specific barriers are addressed. These include the lack of acceptance of human rights of all persons, without distinction; the lack of systematic and rigorous measurement and monitoring of stigma and discrimination and clear actions to mitigate; the lack of access to quality services for key populations; and finally, it includes the focus and the lack of focus on improving the care and capacity of key populations led by community-based organizations, not only to advocate for changes in policies, but also to directly implement services.

The United States stands for and with key populations. We are deeply committed to protecting and promoting their health and human rights and taking concrete actions — not words — today. This morning, we proudly announced that, through PEPFAR, we are creating a $100 million Key Populations Investment Fund. This Investment Fund will support innovative, tailored, community-led approaches to address the critical issues I just listed and the gaps that exist for key populations in the HIV/AIDS response no matter where they reside in the world. This Investment Fund will work to identify, measure and change the complex dynamics driving stigma and discrimination. It will support multi-year and comprehensive approaches to ensuring key population-led community-based organizations are directly funded to deliver and develop and improve their capacity for sustainable HIV responses at the local level, driven by data and accountability. Key populations require and deserve the support of all partners and all member States. PEPFAR strongly encourages additional donors from the public and private sectors to join this unique effort and to turn their words into action and contribute to this Investment Fund.

Mr. Tommo Monthe (Cameroon), Vice-President, took the Chair.

As has been true since the very beginning of this pandemic, meaningful engagement of and partnerships with communities and civil society are vital to the success and ongoing sustainability of HIV prevention and treatment services for all populations, especially key populations. This action today by the United States demonstrates the depth of our commitment to the implementation of this very important ideal to end this pandemic.

The Acting President: I now give the floor to His Excellency Mr. Martin Bille Hermann, State Secretary for Development Policy of Denmark.

Mr. Hermann (Denmark): Denmark wishes to thank the President of the General Assembly for convening this high-level meeting on HIV/AIDS at a crucial point in time. We also want to acknowledge and commend the work of the two facilitators, Ambassador Mwaba Kasese-Bota of Zambia and Ambassador Jürg Lauber of Switzerland, in getting agreement on a forward looking and strong Political Declaration (resolution 70/266, annex).

The global AIDS response is at a pivotal point. The end of the epidemic, which has cost so many lives and caused so much suffering, is within sight and reach. This is great news. However, the end of the epidemic will not come automatically. It requires adopting a fast-track approach. Without this, we run the risk of reversal; of losing years' of investment and efforts. It is a battle we cannot afford to lose.

The HIV/AIDS response has made tremendous progress and can report many positive results, particularly in the area of treatment. But while lifesaving treatment is essential, we cannot treat ourselves out of the HIV epidemic, and sadly, prevention efforts are not faring as well as treatment is. Global HIV incidence is stagnating, not declining as desired. Treatment therefore must go hand in hand with a broad range of prevention interventions, if we are to succeed at ending AIDS.

We continue to witness a rise in infections among certain particularly exposed and vulnerable population groups predominantly due to discrimination and gender inequality. The Joint United Nations Programme on HIV/AIDS (UNAIDS) gaps report points us to where we need to focus our attention. Closing the gaps identified in the report requires guaranteeing everyone's right to be able to access information, services and treatment, and to do so without fear of stigma, discrimination or punishment. It is about leaving no one behind, and it is about strengthening community-based approaches. Promoting and protecting the sexual and reproductive health and rights of all individuals — regardless of age, gender, occupation, sexual orientation or gender identity — is imperative. We must address and tackle issues like gender-based violence, including rape and child, early and forced marriage.

We must meet the huge, unmet demand for information and services, including contraception, and we must ensure that key populations in particular — including sex workers, men who have sex with men, transgender people, prisoners and people who inject drugs — are able to access services in a people-centred, inclusive, non-stigmatizing and non-discriminatory manner. Shying away from these issues will not make them go away. On the contrary, leaving no one behind will be crucial to reaching the ambitious Sustainable Development Goals. Stigma and discrimination have no place in the twenty-first century. We must not let yesterday's taboos stand in the way of tomorrow's results.

The world today faces the largest generation of young people in history. We know how HIV disproportionately affects adolescent girls and young women. In Sub-Saharan Africa, young women account for one in four new HIV infections and AIDS is the leading cause of death among adolescent girls. We need to fight the root causes of this epidemic. Young people have a right to be equipped with the knowledge and means to protect themselves from HIV infection. Access to comprehensive sexuality education for young people and adolescents in and out of school, as well as to youth-friendly services, is essential. It will enable young people to make informed choices about their sexual and reproductive lives and thereby shape their futures in terms of education, employment and family.

We know what to do; what is required is action. In that regard, we welcome the new UNAIDS strategy, which places a strong emphasis on ensuring the human rights of the most vulnerable and marginalized population groups and has an overarching goal of eliminating HIV-related discrimination.

Denmark remains committed to working with all partners — including civil society, which has played a crucial role in the fight against HIV and AIDS — to respect, protect and fulfil the human rights of all in the efforts to end AIDS by 2030. The world must put the needed effort into finishing and winning this battle, which we began more than 15 years ago. This is not the time to hesitate; this is not the time to waver. It is time to finish the job.

The Acting President: I now give the floor to His Excellency Mr. Alexey Tsoy, Vice-Minister of Health and Social Development of the Republic of Kazakhstan.

Mr. Tsoy (Kazakhstan): The Republic of Kazakhstan commends the global efforts of the United Nations, and its flagship agency, the Joint United Nations Programme on HIV/AIDS (UNAIDS), to achieve the ambitious goal of implementing the 2030 Agenda for Sustainable Development (resolution 70/1), and the 2016-2021 UNAIDS strategy. We welcome the Political Declaration on HIV and AIDS (resolution 70/266, annex) and its set of time-bound targets to combat the worldwide scourge of HIV and AIDS over the next five years and to end the epidemic as a public health threat by 2030. Kazakhstan pledges to be a part of this transformative worldwide solidarity and shared responsibility. We will also contribute towards promoting new levels of comprehensive research and development to reach the remote corners of the world where AIDS is still very prevalent.

We call for North-South, South-South and triangular cooperation with regional organizations, such as the African Union, the European Union, the Organization for Security and Cooperation in Europe, the Organization of Islamic Cooperation, the Organization of American States, the League of Arab States and others. The international financial institutions, alongside regional banks in Africa, Asia and Latin America, must also step up their investments for the least developed countries and especially the Sub-Saharan region. HIV/AIDS is a condition that not just impedes a society's advancement, but decimates its social fabric and all its infrastructure.

Kazakhstan, as a responsible Member State, is ready to address how the recommendations of the report of the Secretary-General (A/70/811) and the Political Declaration can be implemented in different regions of the world, based on considerations of need, limited funding, human capital and infrastructure. We are ready to promote activities in the Central Asian region based on our own national ownership of progressive and far-reaching strategies. Although the report refers to the sharp increase in the number of newly infected people in the Central Asian region, primarily via drug injection, according to data from the World Health Organization (WHO), the HIV epidemic ratio in Kazakhstan is stable, at 0.2 per cent. This has been possible due to the timely intervention by the Government through insightful policies.

Kazakhstan has proved that only systematic and holistic measures, through increased financial outlays and provisions of universal access, are effective. We will work with others to ensure that such measures can be implemented in other developing countries, too. We are pleased to inform the Assembly that HIV treatment in Kazakhstan is entirely State-funded, without international donor assistance, now that it has graduated to the category of upper middle-income country. We also have high standards in service delivery efficiency, expanding the range of registered drugs available and revising diagnosis and treatment protocols in line with WHO recommendations, and we are ready to share best practices with other countries in transition.

Such countries will need assistance, not only in implementing international WHO guidelines, but more so to fight the barriers of stigma and stereotyping through prevention and intensive public-awareness campaigns to enable acceptance and integration. It is therefore critical to mobilize community groups, civil society and the media, especially social media and digital technology, as powerful tools for prevention and advocacy. Kazakhstan has set the priority of a multisectoral approach in combating the spread of HIV/AIDS. Non-governmental organizations have the opportunity to participate in setting up preventive programmes through State-funded efforts to secure social order.

Population groups that are most at risk of HIV infections are provided with syringes, condoms, antiretroviral therapy and treatment for sexually transmitted infections, tuberculosis, and Hepatitis B — all fully covered by the State. The access to free counselling and testing, and information about transmission and prevention measures, is provided widely. We have learned from our experience how important it is to include women, minorities and vulnerable groups and thereby ensure social justice and equality, which are the foundations of Agenda 2030.

In 2017, Kazakhstan will begin treatment of HIV-infected individuals with CD4 counts of less than 500 cells, and plans to continue with immediate intervention after HIV detection so as to reduce new cases and deaths from AIDS. Kazakhstan has the capability and political will to work towards fulfilling the objectives of the outcome document of this high-level meeting.

The Acting President: I now give the floor to His Excellency Mr. Miguel Mayo, Vice-Minister of Health of the Republic of Panama.

Mr. Mayo (Panama) (*spoke in Spanish*): It is an honour to address the Assembly today on behalf of the

President of the Republic of Panama, Mr. Juan Carlos Varela Rodríguez, to reiterate the commitment of our country to working with the international community to eradicate HIV/AIDS before 2030 as an imperative and urgent goal. With this firm goal in mind, Panama welcomes the adoption yesterday of the Political Declaration on HIV and AIDS (resolution 70/266, annex), aimed at fast-tracking efforts to put an end to AIDS in this era of sustainable development.

From 1984 to October 2015, the Republic of Panama saw more than 23,700 cases of HIV/AIDS, 14,600 of them at an advanced stage. These figures call for immediate action. In the short term and with the help of civil society, we want to integrate these strategies into our multisectoral operative plan. We recognize that such integration is essential to the success of the strategies proposed by intergovernmental bodies and cooperation agencies to decrease the number of people living with HIV/AIDS.

It is for that reason that today, more than ever, civil society activism is vital. In order to reach the 90-90-90 targets, and in consideration of the fast-track strategy and the treatment-as-prevention guidelines, my country has been preparing for two years by taking small steps to lay the groundwork for the foundations of the fight against HIV in Panama. The strategies outlined include a new algorithm based on rapid diagnostic tests in primary health care; the establishment of 15 antiretroviral therapy clinics in our 14 geographic health regions; the extension next year of primary health-care services to people who have HIV, as decided upon consultation with the Pan American Health Organization and the Centre for Disease Diagnosis; 100 per cent State funding and gratis provision of all medication and products for follow-up treatment for patients with HIV, an effort that is 15 years in the making; the imminent decentralization of CD4 and viral load tests by the second semester of 2016 in order to increase its availability nationwide; and free testing throughout the country.

Free testing for pregnant women and a high coverage rate of over 90 per cent allowed us to reduce the prevalence of mother-to-child transmission of HIV/AIDS to 3.7 per cent by 2015, a figure that we still deem unacceptable for our country. Women's access to education is an indisputable value that we have championed since the beginnings of our Republic. Last year, we increased the minimum legal age for marriage, thereby preventing marriage for girls. We have reached agreements with the Global Fund to Fight AIDS, Tuberculosis and Malaria to subsidize tuberculosis management and education, and to combat the stigma and discrimination that affects people who live with both of these health conditions.

In addition, we have created six friendly clinics for men who have sex with other men, women sex workers, and transgender women, where they receive timely treatment and prevention care for sexually transmitted diseases in an environment that is free of stigma and discrimination, all fully funded by the Government of Panama. We have issued a decree that governs friendly clinics so that the response is neither political nor temporary but rather a State proposal.

Actions to combat HIV in Panama play a fundamental role in State policies and the defence of our citizens — men, women, boys and girls — who deserve a better world and a life full of opportunities to be enjoyed in good health. Today, with the support of the First Lady of the Republic and Joint United Nations Programme on HIV/AIDS Special Advocate for AIDS in Latin America, Lorena Castillo de Varela, we are bolstering our country's response.

My country faces many challenges, one of the most important of which is reaching the 90-90-90 targets by 2020. It is a commitment that we have no intention of evading, and there is no doubt whatsoever that we will succeed by collaborating with cooperative agencies, donors and an active and empowered civil society, working together with the Government of the Republic of Panama. Panama, a country that over 100 years ago divided its lands to unite the world, is fully committed to cooperating in the fight to eradicate this disease.

The Acting President: I now give the floor to His Excellency Mr. Mario Giro, Deputy Minister for Foreign Affairs of the Republic of Italy.

Mr. Giro (Italy): I am honoured to address this high-level meeting on behalf of Italy.

While Italy fully aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99), I would like to share some additional thoughts.

The global campaign against HIV/AIDS has made great progress, but we all know that it is not over yet. As in all campaigns, the final stretch is always the most difficult to push through, and we cannot lose our focus now with the momentum of the 2030 Agenda

for Sustainable Development (resolution 70/1) and the Sustainable Development Goals, which offer us the unique possibility of a holistic and multidimensional approach. We should remain anchored to Goal 3 — "Ensure healthy lives and promote well-being for all at all ages" — but our work in HIV-AIDS is virtually interlinked with so many other goals.

Fighting HIV/AIDS remains a key priority for Italy, both within our national borders and working with our development partners. Italy has been a strong supporter of the work of the United Nations, particularly in the context of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and has played a major role in its creation at the Group of Eight Summit in Genoa in 2001. We have remained a key supporter since 2014, and we will increase our participation, raising our contribution to over 30 per cent as requested by the Global Fund. That contribution will be pledged formally at the fifth replenishment conference, to be held in September in Montreal. Together with the Global Fund, Italy is also organizing a high-level meeting on the contribution of the Global Fund to global health within the framework of the 2030 Agenda. The event, to be held 27 June in Rome, also aims at building momentum with a view to the future pledging conference.

Italy appreciates the fast-track approach envisaged in the Political Declaration (resolution 70/266, annex), working to build a resilient and sustainable health-care system; to reduce barriers towards universal health coverage, especially for women; and to improve girls education, recognizing the impact of education on health. Looking at prevention and treatment in a more integrated manner is another key element of our strategy. Central to this idea is a greater level of investment in human capital, and building skills and capacities, which must go hand-in-hand with access to medicine.

We are closer than ever to achieving our goal, but there are still too many highly vulnerable, marginalized and neglected populations in every country that we cannot afford to leave behind. Italy also recognizes the seriousness of the shortages and depleted stocks of medicine, especially for the most vulnerable. Broken supply chains, insufficient control by civil society, poor indicators and unsatisfactory emergency response mechanisms are issues that must be more urgently addressed.

New and innovative approaches are needed to target key populations and other at-risk groups, such as refugees and migrants, detainees and sex workers, among others. This must be done in recognition of the crucial importance of promoting the human rights of people living with HIV because the protection and promotion of human rights and of inclusive societies have a positive impact on preventing the spread of HIV and on mitigating its social and economic consequences. Adolescent girls and young women remain at risk. Insufficient access to treatment, education and health-services, in addition to food insecurity and violence, are some of the reasons why there are increased risks.

Finally, building on the spirit of the third International Conference on Financing for Development, in Addis Ababa, we must continue to encourage stronger global and local alliances of Governments, regulators, industries, civil society, local communities, faith-based organizations, research institutes and patients' associations to promote innovative financing mechanisms and the emergence of new donors, both public and private. We know from experience that the community-based strategy is the most effective strategy for both treatment and care. These and other issues are at the heart of an event that Italy has organized at the margins of this high-level meeting with the cooperation of many partners and friends committed to ending HIV/AIDS in Africa.

Those are just a few of the reasons that we fully support the Political Declaration adopted earlier, which we believe will help to achieve our shared ambition to end HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Maria Teresa Barán, Vice-Minister of Public Health of the Republic of Paraguay.

Ms. Barán (Paraguay) (*spoke in Spanish*): First of all, on behalf of the delegation of Paraguay, I would like to express our best wishes for the success of this meeting.

HIV/AIDS is an ongoing challenge for health and development worldwide. Since the appearance of the first case of infection in Paraguay, in 1985, the capacity of the public health system and the implementation of public policies to respond to the epidemic have progressively grown and been improved, in the context of changes in terms of both the epidemiological profile of the disease since its beginnings and our national reality.

Paraguay's National Programme for the Control of HIV/AIDS and Sexually Transmitted Infections, founded in 1988, has two main areas of activity: first, it oversees the comprehensive national integrated and committed response to the HIV and sexually transmitted infections epidemics; and, secondly, it manages, in a decentralized manner, the delivery of promotion, prevention and comprehensive care services, with a focus on human and gender rights, with a view to slowing the progression of the epidemic and improving the quality of life of people living with HIV and sexually transmitted infections.

In our country, recent studies show that the most common transmission route of this infection is through sex, with the highest prevalence of infection being among young people between the ages of 20 and 34 and in adolescents and older adults. In addition, the proportion of infections remains higher in men than in women, and the largest number of detected cases come from the capital, the metropolitan area and border areas. Our country has managed, in recent years, to keep the number of cases of categorized infections such as AIDS, as well as mortality rates, steady, thanks to the incorporation of free and universal antiretroviral treatments into health-care services.

For Paraguay, it is essential that the people most affected by HIV/AIDS — in particular such key populations as men who have sex with men, sex workers, drug users, transgender persons, incarcerated persons and indigenous peoples — be guaranteed access to high quality health and HIV services, free of stigma and discrimination. As a developing country, we call for increased global investment to prevent and treat HIV and for the private sector to be included in this effort. In addition, we advocate additional investment in HIV/AIDS research and development.

Ending the AIDS epidemic is an essential part of achieving the Sustainable Development Goals. To meet this objective, States should not only implement comprehensive public health approaches and care for people who are affected or at risk, but they must also necessarily work for an attitudinal shift in society in order to break with the sociocultural barriers that keep prevention from being the primary strategy for ending the disease. In that regard, we stress the importance of sex education and the effectiveness of a focus based on human rights to make progress in the HIV response, together with coordinated work with organized civil society.

Finally, we call upon States, the United Nations system, regional organizations, the private sector, civil society and academia, including the scientific community, to take advantage of the next five years as a unique opportunity to strengthen international commitment and solidarity in order to give a strong impetus to the global response to HIV/AIDS and end the AIDS epidemic by 2030.

The Acting President: I now give the floor to His Excellency Mr. Carlos Foradori, Deputy Minister for Foreign Affairs and Worship of the Argentine Republic.

Mr. Foradori (Argentina) (*spoke in Spanish*): The Argentine Republic is strongly committed to the respect for and promotion and protection of all human rights. Our Constitution recognizes health as an essential right that must be guaranteed for all its citizens, without exclusions. Argentina is convinced that the global commitment to ending the AIDS epidemic, to which the 2030 Agenda for Sustainable Development (resolution 70/1) aspires, is an unprecedented opportunity to end one of today's most devastating health problems.

By adopting the 2030 Agenda, States have highlighted the need to achieve universal access to health care and universal coverage, without exclusions, as prerequisites to promoting physical and mental health and prolonging the life expectancy of all. HIV/AIDS remains a global health emergency that poses one of the priority challenges for the development, progress and stability of our societies. It requires an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often both a cause and a consequence of poverty and inequality. The eradication of poverty in all its forms is an essential condition for sustainable development, and it is one of our national Government's priorities.

Argentina emphasizes and appreciates the enormous progress that the international community as a whole, and States in particular, have made in the fight against HIV/AIDS in the last 15 years. These advances are the result of a coordinated, funded and cooperative effort, with the strong political will of all stakeholders at the global level. We consider it essential to strengthen the commitments and progress made to date, with the full conviction that we are at a key juncture for reaffirming and redoubling our efforts, as well as our political will and resources, for the final part of the overall strategy to end the AIDS epidemic in the next 15 years.

In Argentina, we are developing a principle that we hope will guide our international action in any geographical location and in every chapter of the global agenda — the principle of non-indifference. Indeed, we are not indifferent to the suffering and trials caused by such scourges as war, natural disasters and epidemics like AIDS. It is in that framework that we have undertaken our firm commitment to the work of the United Nations and in particular, to that of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Our country will continue to promote the full implementation of the 2016-2021 UNAIDS strategy, as well as the objective of 90-90-90 treatment by 2020. We are convinced that the respect, promotion, protection and full enjoyment of all the human rights of women and girls, as well as gender equality and women's empowerment, are essential preconditions for achieving the ultimate goal of ending the epidemic. Universal access to health care and social protection systems, the early start of treatment with antiretroviral medications and universal access to treatment for persons living with HIV/AIDS are essential for inclusion, integration and protection.

Furthermore, the protection of rights, the sexual and reproductive health of young people and adolescents, comprehensive sexuality education and access to medicines and quality health services are key elements to ensuring the effectiveness of all efforts to prevent and combat the epidemic. In that regard, access to affordable quality medicines is a sine qua non for ending the epidemic. To that end, the international community as a whole, States, the private sector, academia and civil society need to multiply our efforts, our financial resources, our cooperation in technology transfer and our investment in research and development in order to achieve that objective and thereby promote healthy communities and just and inclusive societies.

As part of the national response, Argentina has developed and strengthened a public policy on prevention and access to diagnosis and treatment. That response has been established as a State policy financed entirely by the national budget. Argentina guarantees the provision of antiretroviral treatment and access to universal, free and confidential HIV testing and diagnosis. At the national level, the HIV response works in coordination with and with the involvement of multiple actors from different sectors of national life, including civil society, people living with HIV and key populations.

For that reason, we would like to emphasize that our delegation is composed of a large number of representatives of organizations of civil society and the first openly transgender civil servant in Argentina, from the country's Ministry of Security. In that regard, I would like to acknowledge the breaking news that the Stone Age has ended in Argentina. Based on the 2030 Agenda's commitment to leaving no one behind, we firmly believe in the need for a transformative and inclusive approach aimed at absolutely everyone: women, boys and girls, adolescents and young people, including key populations in respect of the HIV/AIDS epidemic, especially drug users, sex workers, homosexuals and men who have sex with men, transgender persons and persons deprived of their liberty, who are particularly vulnerable, not only to the virus itself but also to multiple forms of stigma, discrimination, violence and exclusion.

Only thus will we be able to honour the commitment set out in the 2030 Agenda to put an end to the AIDS epidemic in the next 15 years. Stepping up the fight against HIV and putting an end to AIDS will be our legacy for present and future generations. I would like to point out that the new Argentine Government concerns itself not only with the subject, but also the predicate. It is not enough to solve the problems caused by this scourge without deploying one's most cherished values in the form of concrete preventive actions. The delegation that I have the honour to head is rooted in the abundant wealth that its diversity brings to bear and proves that one of the Government's slogans, the union of all Argentines in this, as in all other areas, constitutes a compelling attribute of our national objective.

The Acting President: I now give the floor to Her Excellency Ms. Tania Dussey, Secretary of State of the Swiss Confederation.

Ms. Dussey (Switzerland) (*spoke in French*): They did not know it was impossible so they did it, said Mark Twain. Imagine being told that it was impossible to be cured, that having contracted a virus amounted to a death sentence, the only responses being closed doors and no after no. What should one do? Sometimes in life, it becomes necessary to defy those who say it is impossible, that there is no way out, and instead support those women and men who have the courage to say yes and achieve the impossible.

We have come a long way since the 1980s, when AIDS became a global epidemic. Together, we have

achieved astonishing results. Today, we find ourselves at the crossroads of two paths to put an end to the epidemic. If we fail to continue to reduce the number of new infections, if we do not guarantee adequate services to 37 million people currently infected with HIV, then the epidemic will get the better of us, and we will be unable to contain it. Rather than scare us, the risk of going backwards should prompt us to act with greater conviction.

The past 30 years have shown us that it is possible to achieve ambitious goals and eradicate the disease by the year 2030. By bringing together the political will and commitment of many actors, particularly civil society actors, we will be able to achieve concrete results. Switzerland is convinced that it is necessary to accelerate and intensify our response to HIV. This acceleration will be determined by five factors that we must take into account.

First, there is a need to further consider the determining factors of the epidemic. In all regions of the world, we need to understand the factors that influence it in a given context. There is a need to focus systematically on the social, economic and political determining factors of the epidemic, such as poverty, inequality — including gender inequality — social exclusion and discrimination, such as the criminalization of sexual relations between persons of the same sex or injecting drug users.

Secondly, we must strengthen health systems. As with other diseases, it is impossible to combat the epidemic in isolation or through parallel structures. On the one hand, we do not have the means. On the other hand, health systems must respond holistically to the various health issues and problems that a person may encounter. In 2015, through its bilateral programmes in Southern Africa, Switzerland's contribution has made it possible for one million young women and men to gain access to sexual and reproductive health services, including HIV/AIDS-related services.

Thirdly, we must continue to systematically pursue a human-rights-centred approach. As a fundamental right, the right to health urges States to provide services, property and infrastructure that are accessible and, above all, of good quality. The entire population — without exception — must be informed and given an opportunity to participate in decision-making processes concerning health-related issues. Discrimination and stigma are never justified.

Fourthly, in order to accelerate this response, we must adopt a targeted approach that is centred on the sites and populations most particularly affected by the epidemic. Switzerland has been successful in its efforts to combat the spread of the virus through targeted political action with injecting drug users. The reduction in infections has been achieved through free and easy access to sterile injection equipment, thereby reducing the risk of infection. We are convinced of the importance of continuing this journey together We would never have been able to get where we are today without working in partnership; the response to AIDS is a model of cooperation between different actors.

Lastly, it is important to highlight the tireless work of civil society. In that connection, I am proud to have a representative of Swiss civil society in my delegation. Civil society and community movements are here because it is they who represent the voice of the realities experienced by persons affected and infected by HIV. Without community involvement, we will never put an end to AIDS.

The Acting President: I now give the floor to His Excellency, Mr. Jarosław Pinkas, Minister of Health of the Republic of Poland.

Mr. Pinkas (Poland): Poland aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union and its member States (see A/70/PV.99).

Over the past decades, many countries have made great progress in combating HIV/AIDS, but the epidemic remains a significant global health threat. In Poland, we strongly believe that only by having all interested stakeholders joining forces and by strengthening partnerships will it be possible to fulfil the commitment to end the AIDS epidemic by 2030. That belief is built on the basis of global and local examples. I am proud of the fact that Poland has been playing an active role in the development and the adaptation process of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 strategy. Allow me to recall Poland's leadership in the UNAIDS Programme Coordinating Board as the entity's chair in 2012.

Allow me to recall that Poland was among the first countries of Central and Eastern Europe to offer wide, free-of-charge access to diagnostics, antiretroviral treatment and care for people living with HIV/AIDS. To date, the best Polish practices in this area are used as a benchmark for several countries in our region. Poland

has a very low HIV prevalence and is characterized by a stable epidemiological situation with approximately 1,000 new HIV infections diagnosed each year. However, the rough estimates indicate that there are about 20,000 people unaware of their infection. Allow me to highlight that Poland is a country of strong partnership between government and civil society organizations, reflected in the implementation of the strategy on HIV/AIDS at country level.

The Polish programme on combating HIV/AIDS is based on the principle of inviolable human dignity and respect for human rights. The Minister of Health, represented by the National AIDS Centre, coordinates the implementation of the strategy at country level. The interdisciplinary and multi-level strategy is implemented at all administrative levels including Governmental organizations, local municipalities and community-based and civil society organizations. The Constitution of the Republic of Poland guarantees and ensures that citizens, irrespectively of their financial situation, have equal access to publicly financed health services. The national policy on HIV/AIDS in Poland and the implementation of international declarations and recommendations on HIV/AIDS have influenced the continuing progress of the country's HIV/AIDS response.

Since the very beginning, Poland has developed a sustainable financing of antiretroviral treatment. Each year, the Minister of Health allocates funds that ensure equal access to antiretroviral therapy for all. In 2015, the budget for antiretroviral treatment amounted to $75 million. At this point, allow me to recall that the existing mechanism of purchasing and monitoring of antiretroviral drugs optimizes allocation of funds and distribution of drugs in the country.

Prophylaxis against mother-to-child HIV transmission is one of the key elements of the national strategy on HIV/AIDS. In Poland, the financing of prevention of vertical transmission is one of the top priorities of the Minister of Health. All HIV-positive pregnant women whose serological status is known are covered by the prophylaxis of vertical transmission. Thanks to the implementation of antiretroviral prophylaxis, the percentage of perinatal infections dropped in our country from 23 per cent before the year 1989 to zero.

Based on international recommendations and best practices in the field, Poland built and constantly expands the national system of early detection of HIV, as well as treatment and support for people living with the virus. In our country, a lot of attention is given to respecting human rights and human dignity in the context of the HIV/AIDS epidemic. In order to tackle the problem of stigma, Poland has developed a system of anonymous and free-of-charge HIV testing, which is open to all, including migrants.

Our national activities also focus on people who are at risk of marginalization. Since 2001, the penitentiary system in Poland has been implementing a health-care programme that allows inmates to have full access to antiretroviral therapy free of charge and that asserts the same standard of diagnostic treatment as that offered outside prison settings. Building awareness and education plays an important role in tackling the problem of the HIV/AIDS epidemic. Poland can provide a number of examples of well-functioning nationwide educational campaigns aimed at different populations at higher risk of HIV infection.

Allow me to conclude by saying that effective measures to tackle HIV/AIDS would not be possible without the political support of national Governments. As in previous years, Poland would like to actively support and participate in the process of realization of the strategy to end AIDS by 2030. We go hand in hand with all who take the fast-track approach in order to reach the 90-90-90 treatment targets stipulated in the UNAIDS 2016-2021 strategy. Speaking on behalf of the Republic of Poland, I would like to reaffirm our commitment to, active participation in and support for the strategy to end the AIDS epidemic by 2030.

HIV and AIDS hamper development in many parts of the world. It is therefore essential, that the strategy of ending AIDS by 2030, an integral part of the Sustainable Development Goals adopted by the United Nations in 2015, is consequently implemented and accomplished. We all agree that ensuring the success of the Sustainable Development Goals, including ending the AIDS epidemic, requires international solidarity and partnership. The political support of Governments, public sensitivity, awareness of health-related risks, active involvement of non-governmental and civil society organizations are key to succeed in ending the HIV/AIDS epidemic by 2030.

The Acting President: I now give the floor to Ms. Verónica Espinosa, Vice-Minister of Governance and Health Vigilance of the Republic of Ecuador.

Ms. Espinosa (Ecuador) (*spoke in Spanish*): On behalf of the people of Ecuador, of the Government of the citizen revolution and of our President Rafael Correa Delgado, allow me to express a fraternal and warm greeting to all present. Ecuador reaffirms its commitment to the Political Declaration (resolution 70/266, annex) adopted by the General Assembly. We are convinced that, in order to eliminate AIDS as a public health problem by 2030, commitment and political will must prevail. We must be able to generate and implement strategic agendas that advance towards the fulfiiment of all the Sustainable Development Goals.

It is essential to emphasize our country's commitment to accelerating he response and addressing the holistic needs of people living with HIV/AIDS or of those who are at risk of contracting it, with multisectoral and intersectoral coordination and with a focus on the social determinants of health and the guarantee of rights: the right to life, the right to health and sexual and reproductive rights. We are clear; we understand health as a right of all and not a privilege for the few. During the nine years of the Government of the citizen revolution, public policy has been reoriented around the human being and not around capital, elevating respect for human rights to the rank of cornerstone of social development.

Our country has set for itself the objective of guaranteeing its population's good living, or *sumak kawsay*, as it is known in the Quechua language. That ancestral Andean concept, which guides the spirit of the Constitution of our country, identigies a full life in terms of harmony among individuals, the community and the environment. Figures and facts outweigh words. Unprecedented public investment, resulting in a 16.5 point reduction in multidimensional poverty — the most comprehensive poverty benchmark — demonstrates genuine political will. That means that 1.9 million Ecuadorians were lifted out of poverty.

The public health system increased the number of beneficiaries of care from 16 million to 38 million between 2009 and 2015, guaranteeing free and universal coverage. Thanks to the coordinated efforts of civil society, which is represented among us in the delegation today, HIV/AIDS incidence was reduced by 43 per cent. Timely access and free comprehensive treatment are guaranteed to people living with HIV/AIDS. During the tragic events that occurred after the earthquake of 16 April on the northern coast of Ecuador, antiretrovirals and comprehensive health care were readily available for affected people living with AIDS. Those are just a few examples of the paradigm shift of development.

History will judge us on everything that we have done and everything that we have left undone. Future generations may recall this high-level meeting as a historic moment in the fight against AIDS, as the beginning of the end, and we will be proud to have been part of a genuine step towards development, towards the desired good living. However, history will also recall our failures as a society, and one day we will have to account for having been part of the generations who succumbed to so great a contradiction, having developed antiretroviral treatments and other health technologies capable of halting the progression of the disease, improving the quality of life and preventing AIDS-related deaths, but then limiting their access through legal monopolies and prices that millions of human beings cannot afford. At what point did we allow the balance of rights to be reversed?

The right to health and to life clearly supersede the privileges of intellectual property when the two are in conflict. We recognize the imminent need to ensure access to essential generic medicines in order to fight HIV/AIDS and the need to strengthen mechanisms that eliminate barriers to access, given that access to medicines and public health interests will prevail over economic and commercial interests. In that regard, we call on Member States and representatives of civil society to strengthen the debate on the legally binding instrument on human rights and transnational corporations promoted by our country.

That instrument creates a space for States to agree on how to proceed in order to redress the imbalance between those who have been victims of human rights violations perpetrated by transnational corporations and the legal, economic and political protection that countries generally extend to those corporations. The time has come for those actors to join the fight against the AIDS epidemic, not only for profit but also for commitments. Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, as stated in the preamble to the Universal Declaration of Human Rights. In today's Political Declaration, we have taken important, albeit insufficient, steps towards that recognition. We must

continue to work harder every day towards a deeper recognition thereof.

The Acting President: I now give the floor to His Excellency Mr. Jung Ki-suck, Director of Centres for Disease Control and Prevention of the Republic of Korea.

Mr. Jung Ki-suck (Republic of Korea): At the outset, I would like to express my deepest appreciation to His Excellency, Mr. Mogens Lykketoft, President of the General Assembly, for convening today's high-level meeting on HIV/AIDS. I would also like to thank all the relevant United Nations agencies and partners steadfastly committed to ending HIV/AIDS.

Since 2000, new infections in adults and children have declined by 35 per cent. Deaths from HIV-related causes have declined 24 per cent. Nearly 16 million people living with HIV are now on antiretroviral therapy, and the global response has averted 30 million new HIV infections and 7.8 million AIDS-related deaths.

Despite such achievements, significant challenges remain. In 2014 alone, more than 2 million people were newly infected with HIV, 1.2 million people died from AIDS-related illnesses and nearly 1,000 young women were infected every day. These challenges should be considered not only as public health issues, but also as development and human rights issues. The Republic of Korea welcomes the ambitious goals to end the AIDS epidemic by 2030 and the fast-track goals for 2020, which will bolster the synergy between HIV/AIDS and other health and development priorities, and subsequently contribute to the realization of the overarching Sustainable Development Goals. In order to achieve these ambitious targets within the next few years, several points must be considered.

First, we need to scale up effective prevention programs. Prevention is the key to slowing the transmission of HIV and ultimately reducing the number of people in need of treatment. While antiretroviral drugs including pre-exposure prophylaxis are effective prevention tools, only an estimated 50,000 out of the three million people at very high risk of exposure to HIV have access to pre-exposure prophylaxis. Increasing prevention options for underserved populations, together with increased HIV testing, would create a potential synergy to effectively prevent HIV transmission. However, before such interventions can be scaled up, we need to better understand the different target populations and service delivery models for rolling out prophylaxis. We must invest in operational research in order to increase and sustain the demand for cost-effective prophylaxis.

Secondly, the 90-90-90 treatment target can be achieved through the continued provision of proper treatment and universal medical services, which are crucial to maintaining the health of people with HIV as well as to reducingthe chances of transmission. The Government of the Republic of Korea has covered the costs of antiretroviral therapy since 1989. The average treatment rate of people living with HIV for the last three years is 92 per cent.

Thirdly, it is essential to review and reform laws and policies in order to eliminate HIV- and AIDS-related stigma and discrimination. We must raise public awareness on HIV/AIDS based on accurate information, thereby eliminating social prejudices and improving access to voluntary HIV testing and treatment.

Fourthly, we must pursue new scientific solutions and make investments in research and development for improved diagnostics, easier and more tolerable treatment regimens, therapeutic vaccines and other preventive technologies. The past 15 years have taught us that innovation is crucial in bending the HIV-epidemic curve. Technological advancements in service delivery have been critical to HIV management and care. In the next phase of the global response, innovation will be all the more important in accelerating efforts to meet the Sustainable Development Goals of the 2030 Agenda for Sustainable Development (resolution 70/1).

Despite its low HIV prevalence, the Republic of Korea continues to make efforts to strengthen HIV/AIDS prevention. The Korean Government has established comprehensive health-care mechanisms, including free and anonymous HIV check-up centres, as well as the provision of education and antiretroviral treatment at no cost to people with HIV/AIDS. In its legal and social context, the prohibition of any discrimination against people with HIV in the workplace was stipulated in 2008. Furthermore, through the revision of a regulation in 2010, the Republic of Korea has had no HIV-specific travel restrictions solely based on HIV status.

Ending the HIV/AIDS epidemic is a shared responsibility. We need global solidarity, commitment and investment to end the epidemic for good. Taking this opportunity, my Government would like to reaffirm our unwavering commitment to ending HIV/AIDS and

to sparing no effort in ensuring that we end the HIV/AIDS epidemic by 2030.

The Acting President: I now give the floor to His Excellency Mr. Patrick Ndimubanzi, Minister of State in Charge of Public Health of the Republic of Rwanda.

Mr. Ndimubanzi (Rwanda): At the outset, I wish to acknowledge the leadership of the President of the General Assembly, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS for continuing to bring HIV/AIDS to the forefront of the global discussion agenda.

We need to celebrate the progress made in improving access to prevention, care and treatment services for people living with HIV/AIDS. However, we must at the same time recognize that the HIV/AIDS epidemic continues to cause devastation for families and societies across the world. The remarkable progress we observe today in the AIDS response is due to the past and current extraordinary global solidarity in the fight against HIV. Those achievements are testimony to the outstanding, successful collaboration of various stakeholders. The persistence of that collaboration is critical to creating a strong foundation for ending AIDS by 2030. Ending AIDS will require sustained resources, more strategic coordination and partnership among Governments, international institutions and national civil-society organizations, as well as among people living with HIV themselves.

We all know that African countries have made significant progress in their HIV responses. However, up to now, many HIV programmes remain highly donor-dependent, meaning that the current and projected gains are still very fragile. With declining financial support for HIV programmes, there is an urgent need for the increased involvement of national resources and a better integration of comprehensive HIV services within the health-care systems and communities, and for the global community to stand once again in solidarity so as to ensure a smooth transition between external and domestic funding. Adequate planning and coordination will minimize any detrimental impacts on people living with HIV.

To date, the ongoing global partnership for the HIV response has led to reductions in HIV infections, as well as HIV-related deaths. In Rwanda in particular, the number of new HIV infections was reduced by as much as 49 per cent between 2004 and 2015. In addition, we recorded a decline of nearly 84 per cent in the overall AIDS-related deaths in the same time period.

This high-level meeting offers an opportunity to consider the future of the fight against HIV/AIDS so that all concerned stakeholders have a chance to reexamine current achievements and persistent challenges and to draw together the appropriate strategies in order to achieve the fast-track targets. Going forward, we must look at how best to implement evidence-based activities so as to reach current global targets, like the 90-90-90 treatment target, through innovative approaches, such as the test-and-treat approach. But we always need to take into account national contexts for greater ownership and sustainability.

In conclusion, I wish to recall that, while acknowledging the current achievements, there is still much to be done to ensure that nobody is left behind. Only strong global solidarity in terms of ongoing partnerships, financial support and shared responsibility will enable us to close the remaining gaps and end AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. Oleg Gorin, Deputy Minister of Health of the Kyrgyz Republic.

Mr. Gorin (Kyrgyzstan) (*spoke in Russian*): It is a great honour for me to speak today at this high-level meeting and to share the accomplishments and remaining problems in our country with regard to overcoming HIV/AIDS in Kyrgyzstan.

Kyrgyzstan is among the countries with a low prevalence rate of HIV infection, which stood at 10.2 per 100,000 persons in 2015, and with a low prevalence rate of HIV among pregnant women, at 0.04 per cent. In spite of our undoubted success in overcoming HIV and the significant assistance of the international community, the number of new cases of infection continues to increase by roughly 10 per cent per year.

The Kyrgyz Republic is among the countries with the highest rate of propagation of HIV/AIDS. We are seeing an alarming increase in the number of women among the newly registered persons living with HIV, the relative number of which went from 9 per cent in 2001 to 45 per cent in 2015. Of all registered cases, 9 per cent are children age 15 and under. All of that increase is linked to the main method of transmission of HIV, namely, among users of injected drugs and the infection

of their sexual partners, who had not otherwise been at risk at that time.

In the evaluation by the International Center for AIDS Care and Treatment Programs and the Centers for Disease Control and Prevention in 2013, the prevalence of HIV among sexual partners of drug injectors reached the threshold level of more than 5 per cent. The characteristic behaviour of drug injectors and the high level of stigmatization of persons living with HIV among the vulnerable groups have hindered the possibility of bringing people in for testing for HIV, treatment and follow-up programmes. We are therefore seeing people in advanced stages of HIV-infection, a low commitment to treatment and a high mortality of persons living with HIV owing to tuberculosis.

The Kyrgyz Republic has devoted significant attention to fighting the epidemic. The State policy is geared towards and based upon the recommendations of the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and on best practices in that field. According to international experts, the country's legislation indicates overall that we are in line with the standards of international law. We have had significant success in developing a multisectoral approach and in bringing vulnerable people into treatment. We should note that Kyrgyzstan was the first country in the Commonwealth of Independent States to implement programmes based on opioid-replacement therapy with methadone and programmes to reduce prison time.

The comprehensive approach taken by the Ministry of Internal Affairs in implementing programmes to overcome HIV is recognized as an example of best practices. Unfortunately, the economic difficulties of the transition period have limited the opportunities for financing HIV/AIDS programmes from the State budget, and the major accomplishments have required international financial assistance. The first programmes were begun by UNAIDS and the United Nations Development Programme, and then supported and broadened by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Key results have included the uninterrupted supply and coverage of antiretroviral drugs with 70 per cent of the number of registered HIV-positive children and 37 per cent of adults receiving treatment for HIV. More than 90 per cent of HIV-positive mothers and their newborns have received access to prophylaxis against the vertical transmission of HIV; 86 per cent of children have received early diagnosis and antiretroviral drugs. We offer prophylaxis to between 25 to 79 per cent of those infected in the various vulnerable groups. From the time of the adoption of the Millennium Development Goals and the 2001 Declaration of Commitment on HIV/AIDS of the special session on HIV/AIDS, we have achieved significant progress in overcoming the problem of HIV infection, but in the absence of sufficient financing many accomplishments will be lost and programmes will have to be ended.

Kyrgyzstan is concerned with the rapid growth of the HIV/AIDS epidemic in Eastern Europe and Central Asia. The main reason for the epidemic is the use of injected drugs. The number of new infected people in the region grew 30 per cent from 2000 to 2014, which today makes that region a leader in the growth of the epidemic in the world. It is not possible to overcome the epidemic through the efforts of only one or several States. We need a comprehensive approach on the part of the global community. That is very relevant while the epidemic in a number of countries is still at a concentrated stage and there are realistic opportunities for stopping the further spread of HIV and curtailing the epidemic. In that regard, we believe that it is important to focus attention on the challenges confronting the region and on strengthening the working models to overcome HIV among the vulnerable. Moreover, the growth in the epidemic and the reduction in external financing could jeopardize the programmes we already have, prevent their fine-tuning and, overall, threaten the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1), which calls for no one to be left behind.

In conclusion, I would like to express our gratitude to the international community for its assistance in overcoming HIV infections and to pledge the willingness of the Kyrgyz side to do its utmost to meet its commitments, which are contained in the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex), based on national legislation, on national priorities and on international standards for human rights.

The Acting President: I now give the floor to Mr. Victor Terrero, Director of the National Council on HIV and AIDS of the Dominican Republic.

Mr. Terrero (Dominican Republic) (*spoke in Spanish*): I wish to take this opportunity to say that,

in addition to members of civil society in my country, my Government has included in our official delegation people who are living with AIDS. I salute them on this occasion.

The Dominican Republic reaffirms the agreements made in the Declaration of Commitment of the Fight Against HIV/AIDS of 2001 and the Political Declarations on HIV/AIDS of 2006 and 2011, respectively. We recognize the relevance of adopting the new Political Declaration (resolution 70/266, annex) and of committing ourselves to it. We are fully aware of the challenges faced by the international community in its efforts to put an end to the pandemic. Committed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) fast-track strategy to accelerate action against AIDS through the 90-90-90 strategy, which is reflected in the Sustainable Development Goals, the Dominican Republic is mobilizing its resources to analyse the HIV/AIDS situation and build a national solid, comprehensive, coordinated response in all its aspects.

Since we are in the Caribbean, the second most affected region of the world — and Hispaniola has about 80 per cent of the cases in the region — it is of great importance to intensify efforts to strengthen effective mechanisms that will contribute to reducing the spread of the epidemic by devoting special attention to key populations, including the lesbian, gay, bisexual and transgender community, sex workers, poorly educated women, drug users, people with disabilities, older adults and migrants.

We highlight the fact that the Dominican Republic has a law on HIV/AIDS, an anti-discriminatory legal instrument that takes into account the principles of our action within our national response to that health problem. In that context, the Dominican Republic is undertaking actions aimed at reducing the stigma and discrimination against people living with HIV or AIDS by focusing on discrimination in the workplace and taking into account the provisions contained in International Labour Organization (ILO) Recommendation No. 200 concerning HIV and AIDS and the world of work.

We underscore the fact that the creation of a national group for the elimination of all forms of stigma and discrimination of the Human Rights Observatory for Vulnerable Groups, which is a standing body, has already led to the drafting of a bill for equality and non-discrimination to reinforce our ability to ensure the human rights of the key populations, thereby contributing to preventing and punishing social exclusion, stigmatization and discrimination.

In line with our commitment to achieving the targets of universal access for treatment, the country has seen an increase in the percentage of persons living with AIDS who are receiving antiretroviral treatment, including pregnant women, which contributes to the prevention of mother-to-child transmission.

Noting the vital role of, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, the United Nations Development Programme, UNAIDS and ILO in strengthening national responses to HIV and AIDS in our countries, the Dominican Republic urges the international community to contribute to the major efforts being made to ensure the sustainability of those international organizations and the availability of affordable financial resources for developing countries that are making efforts to provide an effective response, so as to encourage States to shoulder their responsibility to ensure the provision of antiretroviral treatment.

One of the main interests of the Dominican Republic is to ensure that people living with HIV or AIDS can fully enjoy their human rights and fundamental freedoms, namely, access to education, work, health care, social services, prevention, treatment, information and legal protection. We must, at the same time, respect their privacy and the confidentiality of their serological and immunological HIV status. The Dominican Republic is committed to the goal of providing a healthy life and well-being for everyone and all ages by relaunching its national programme to end the HIV/AIDS epidemic through universal access to prevention services, HIV testing and antiretroviral treatment for people diagnosed with the virus.

We think that it is possible to stop HIV and, in a few years, achieve a generation free from AIDS. To that end, we must strengthen and consolidate ever more our decision to work together with determination and enthusiasm so as to promote the achievement of to the Sustainable Development Goals relating to health management, which includes the efforts of Governments, civil society and international cooperation organizations. With efficiency and effectiveness, together we can produce a response to HIV and AIDs that will be effective, equitable and

sustainable. Together, we can build a more just, more united and more inclusive and egalitarian society through a new commitment to act.

The Acting President: I now give the floor to His Excellency Tarek Salman, Deputy Minister of Health of the Arab Republic of Egypt.

Mr. Salman (Egypt) (*spoke in Arabic*): Egypt aligns itself with the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States (see A/70/PV.98).

Egypt attaches great importance to regional and international efforts aimed at putting an end to HIV/AIDS, a disease that continues to pose a challenge that undermines development and our efforts to build societies and our people. It directly threatens the health and physical safety of individuals. Our meeting today to renew the commitments made by heads of State and Government to intensify efforts and accelerate the eradication of HIV/AIDS is of utmost importance in the light of the adoption by the General Assembly of the 2030 Agenda for Sustainable Development (resolution 70/1) in September 2015. That Agenda considers health and welfare a priority for the 2030 Sustainable Development Goals.

The National AIDS Programme of Egypt's Ministry of Health has stepped up its efforts to make Egypt an AIDS-free country by 2030 and to maintain the low prevalence rates in Egypt. Our Ministry of Health has therefore adopted a national strategy for 2015-2020 aimed at eradicating HIV/AIDS and a related implementation plan. The national strategy is based on three key principles: first, the promotion of human rights through the protection of the rights of all citizens to access prevention, support and treatment services; secondly, the promotion of gender equality by providing treatment and health services; and thirdly, the strengthening of prevention by providing the most modern treatment and services.

Egypt spares no effort to promote its treatment system, which encourages patients to come forward to receive the necessary treatment and services. We also make efforts to reach patients and to provide support and treatment for all individuals affected by HIV. We have also been increasing our efforts to eradicate stigma and discrimination. We continue to provide monitoring programmes at all levels throughout the country and to ensure the establishment of testing and counselling centres that provide services and protect the confidentiality of patients and their families.

Our national AIDS programme works to bridge the gaps and set priorities to eradicate that disease more effectively and avoid a high prevalence of infections. Representatives here may know that our efforts aimed at fighting AIDS are multidimensional and include mobilizing the media, youth, places of worship and civil society. With the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), we have provided voluntary counselling services, which maintain the confidentiality of our patients, as well as testing facilities and free antiretroviral medicine to those living with HIV. We have also promoted peer-to-peer learning programmes and awareness programmes for the most vulnerable populations.

Through its Ministry of Health, Egypt, working together with UNAIDS, also promotes a national response to HIV/AIDS. We have launched campaigns in schools, universities and local communities, and we provide health care throughout the country. In addition, we continue to make all necessary efforts to cooperate with our African and Arab neighbours to fight HIV/AIDS. In fact, we have been making efforts with our brothers in Africa to implement the African Union Roadmap on AIDS, Tuberculosis and Malaria for 2012-2020. Egypt supports efforts to implement the three pillars of the African strategy, which are the strengthening of health governance, diversified financing and access to medicines. Egypt therefore calls on all international and regional partners to redouble their efforts to bridge the funding gap and meet the needs of the African continent, which are estimated at about $3 to $4 billion in order to promote the response and prevention efforts aimed at fighting tuberculosis, AIDS and malaria.

We have also been cooperating with our Arab brothers in implementing the Arab AIDS strategy for the period 2014-2020. The strategy was adopted last March in response to the increase in the number of people affected by HIV/AIDS. It urges all Arab countries to review their national strategic plans to fight HIV/AIDS and to focus on human rights, including the rights of people living with HIV and populations most at risk. We are also trying to expand our prevention services and health care to reach more of those living with HIV so as to promote a culture of diagnosis and early detection so that those infected with HIV are able to live longer.

It is important for international efforts to focus on building regional and national capacities to expand health infrastructure and provide health and medical care to those living with HIV. It is important to ensure rapid diagnoses and access to medicines at an affordable cost. That requires that we overcome challenges, especially the misuse of intellectual property rights, the failure to transfer technology, and monopolies. We also stress the need for prevention policies and the promotion of preventive interventions to contain the disease.

We underscore the important role of families in the promotion of social values to contain the disease. It is important to curb all dangerous sexual behaviour that contributes to the proliferation of the epidemic, such as homosexuality, sex work and intravenous drug use, because those phenomena are part of the problem and not of the solution.

We stand ready to cooperate with Member States and the United Nations, as well as its specialized agencies, so as to mobilize all regional and international efforts aimed at putting an end to HIV/AIDS. We renew our commitment to cooperating and collaborating with our partners to promote efforts to halt that disease by complying with the implementation of regional and international strategies to end HIV/AIDS by 2030, in line with the religious, social and cultural traditions of Egypt.

The Acting President: I now give the floor to His Excellency Mr. Hamisi A. Kigwangalla, Deputy Minister of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania.

Mr. Kigwangalla (United Republic of Tanzania): First and foremost, allow me to convey the greetings of His Excellency Mr. John Pombe Joseph Magufuli, President of the United Republic of Tanzania, who unfortunately could not attend this high-level meeting owing to other equally important commitments. He sends his regards and wishes for a successful meeting.

My delegation thanks the Secretary-General for his report entitled "On the fast track to ending the AIDS epidemic" (A/70/811). The recommendations provided therein warrant our serious consideration. We commend the work done by the Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat and other relevant agencies in the fight against HIV/AIDS.

We align our statement with those delivered by the representative of Zambia on behalf of the Group of African States and the representative of Botswana on behalf of the South African Development Community (see A/70/PV.98).

The global commitment to ending the AIDS epidemic, as set forth in the 2030 Agenda for Sustainable Development (resolution 70/1), represents an unparalleled opportunity to end one of the most devastating modern-day health challenges and to build on the momentum of the AIDS response in order to accelerate results across the sustainable development agenda. This high-level meeting offers a fundamental occasion to show our commitment to the fast-track targets and core actions for ending AIDS by 2030. It provides an opportunity to build on the lessons learned from the AIDS response and to work with the people, institutions and networks that sustain that response so as to truly advance a paradigm shift to the integrated development approach envisioned in the Sustainable Development Goals.

My delegation is concerned with the fact that sub-Saharan Africa remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of the epidemic. In Tanzania, HIV/AIDS continues to have a significant negative impact on development, with an estimated 1.5 million people infected. A disproportionate burden of the disease falls on women and adolescents, especially girls.

Significant mileage has been covered in reducing both new infections and the related deaths. New infections have been reduced from an estimated 140,000 in 1990 down to 63,000 in 2014. Equally, AIDS-related deaths have declined by approximately 40 per cent during the same period. The number of people on treatment has been increasing steadily to a modest level of 60 per cent, including an increase in our ability to reach children through the adoption, six years ago, of Option B+.

In responding to the global call for increased domestic financing, the Government has established the AIDS Trust Fund to which, so far, the Government has been the major contributor. The private sector is also expected to contribute to the Fund. A little over half of the Fund, 55 per cent, will go towards supporting the purchase of commodities and supplies. Moreover, the Government's efforts have been complemented by both bilateral and multilateral support for HIV/AIDS, which

has allowed us to make the modest progress that I have just noted. We are grateful for that support.

Having begun a test-and-treat programme in a few districts of the country, Tanzania is expanding that approach nationally, but in a staggered manner so as to allow for building the capacity of health-care workers and for streamlining supportive logistics systems and community engagement in favour of adopting some of the newer service-delivery models. With the ongoing support of the United States President's Emergency Fund for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations family and other bilateral partners, Tanzania truly believes that it is taking the right path towards the realization of the 90-90-90 targets for 2020 and the 2030 targets for ending AIDS.

My delegation believes that zero new infections, zero discrimination and zero AIDS-related deaths are attainable before 2030. Achieving that will require emphasis on the following elements. We must strengthen preventive education; we need to ensure access to safe, affordable and efficacious medicines; we must introduce treatments innovative new medicines, including vaccines; we need to be working towards achieving universal health coverage, including exploring innovative service-delivery models; we must reduce tuberculosis deaths among people living with HIV; we need to address gender and sociocultural issues; we must allocate resources to the specific needs of young people, among others; and we need to operationalize local manufacturing industries for the production of essential HIV-related medicines.

Finally, the Tanzanian Government will continue to do its part towards zero new infections, zero discrimination and zero AIDS-related deaths. We once again call upon the international community to complement and supplement our national efforts by scaling up resource mobilization and ensuring adequate resource allocation for sub-Saharan Africa and other affected regions in order to eliminate AIDS by 2030.

The Acting President: I now give the floor to Mr. Darshan Punchi, Parliamentary Secretary of National Health Services of the Islamic Republic of Pakistan.

Mr. Punchi (Pakistan): On behalf of the Pakistan delegation, I would like to extend our warmest greetings and good wishes to everyone gathered in the Assembly Hall today to address one of the most crucial health issues of our times. We are hopeful that, under such wise stewardship, this meeting will be able to achieve its noble objectives. I assure the Assembly of my delegation's full cooperation in the process.

The high-level meeting of the General Assembly on HIV/AIDS is an event of paramount importance for the entire world community. It provides us a unique opportunity not only to reaffirm our firm commitment and unswerving resolve to end the HIV/AIDS epidemic by 2030, but also to develop an ambitious and focused global strategy and a comprehensive action plan aimed at overcoming this unprecedented health challenge, in line with target 3.3 of the Sustainable Development Goals (SDGs). For that purpose, we all need to rise above narrow expediencies to focus our undivided attention on the need to prevent and end the HIV/AIDS epidemic in all parts of the world, without any discrimination or biases.

Fortunately for Pakistan, the prevalence of HIV in the general population remains low, at a rate below 1 per cent. Currently, we are passing through an HIV-epidemic trend similar to that witnessed in other Asian countries, with the epidemic being driven mainly by people who inject drugs. The epidemic moved from low prevalence and high risk to a concentrated epidemic in the early to mid-2000s. The national prevalence of HIV infection among people who inject drugs stands at 27.2 per cent, followed by transgender sex workers at 5.2 per cent. On the other hand, the prevalence in female sex workers remains low at 0.6 per cent. The geographic trend has been for high-risk populations from major urban cities and provincial capitals to expand over time to smaller cities and peripheries.

Pakistan's national response to HIV prevention and treatment started with the development of a national strategic framework based on global standardized approaches and interventions. That response is backed by the firm political commitment of Government, guided by the Pakistan AIDS Strategy III for the control of the HIV epidemic by 2020. The plan emphasizes targeted, evidence-based, high-impact, quality-assured interventions in high-risk groups where the disease is spreading. The plan is based on a coordinated and multisectoral approach aimed at targeting all of the drivers and consequences of the AIDS epidemic.

AIDS has become a cross-cutting development issue, and poverty is recognized as a direct contributor to the spread of HIV/AIDS by negatively impacting

the high-risk groups severely affected by the disease. Ending HIV/AIDS and alleviating poverty must therefore go hand in hand. That cannot be achieved without active and determined cooperation on the part of the international community, with the special concern and contribution of developed countries to set aside a part of their affluence for reducing the burden of poverty and mitigating human suffering. We appreciate the personal commitment and dedication of the Secretary-General to eradicating poverty as a priority area in the SDGs and intensifying international efforts against AIDS as a matter of great urgency.

Pakistan welcomes the renewed emphasis on HIV/AIDS in the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV to End the AIDS Epidemic by 2030 (resolution 70/266, annex), in keeping with the 2030 Agenda for Sustainable Development (resolution 70/1). We also welcome the Declaration's special emphasis on HIV prevention, care, support and treatment and its integration with other health services to address co-infections and co-morbidities, as well as the inclusion of sexual and reproductive health-care services. We believe that a combination of recent scientific breakthroughs and accumulated lessons learned from scaling up the AIDS response worldwide has given us the tools to end the AIDS epidemic by 2030, as set out in SDG target 3.3, and to accelerate progress across other relevant targets in the Sustainable Development Goals, such as Goals 5, 10, 16 and 17. Rapidly scaling up HIV services and addressing stigma and discrimination through the fast-track approach will avert 17.6 million HIV infections and 10.8 million AIDS-related deaths from 2016 to 2030.

The Government of Pakistan is committed to controlling the HIV/AIDS epidemic and to forestalling its potential effects on the country. The commitment made during 2001 at the General Assembly special session on the topic is being carried forward with strong national and provincial support in the areas of prevention, treatment, care and support, as well as reducing stigma and discrimination, with the help of the firm commitment and support of stakeholders and an enabling environment. In those endeavours, we appreciate and welcome the valuable support by our international partners, the Joint United Nations Programme on HIV/AIDS, other United Nations agencies, the affected and high-risk populations, as well as relevant non-governmental organizations and civil-society organizations. The Government of Pakistan is aware that, in the next five years, we have a narrow window of opportunity to radically change the trajectory of the HIV epidemic. We will utilize that opportunity to fill the gap between the estimated and the registered number of patients by achieving the 90-90-90 target set out in the 2016 Declaration.

The Acting President: I now give the floor to Ms. Felicity Harvey, Director General of the Department of Health of the United Kingdom of Great Britain and Northern Ireland.

Ms. Harvey (United Kingdom): I would like to associate myself with the remarks made by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99).

It is an honour to address the General Assembly. The United Kingdom was proud to be at the forefront of this agenda in 2001, 2006 and 2011, and we are proud to be back at the Assembly today.

We have made great progress since those days. Who would have thought that more than 17 million people would now be on treatment? I would like to commend the Secretary-General for his excellent report (A/70/811) summarizing the progress that forms the basis for this high-level meeting. I thank the Ambassadors of Switzerland and Zambia for their hard work on the outcome document (resolution 70/266, annex). We have all had to make compromises to agree on the Declaration. We feel that certain references could have been stronger. Key populations and adolescent girls are still insufficiently included, given their centrality to the response, but the outcome document remains an excellent basis for going forward.

I would also like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors for their continued leadership of the global response to HIV. We see the UNAIDS 2016-2021 strategy entitled "On the Fast Track to End AIDS" as the guiding document, and call on countries and on all parts of the United Nations system to fulfil their responsibilities under it as we address the remaining critical gaps and challenges to end the AIDS epidemic by 2030. That is because, despite progress, it is clear that we still have a long way to go. We cannot afford to be complacent. We have continue to repeat the following facts. HIV remains one of the most common causes of illness and death, with 2 million new infections and 1.5 million deaths in 2014. There are 22 million people

living with HIV who are still not accessing treatment. That is not acceptable.

Stigma, a lack of knowledge, shame, discrimination, inequality, poverty and conflict continue to fuel the epidemic. It remains a sad truth that it is often the most marginalized and stigmatized in society, including adolescents, women and girls and key affected populations, who are least able to gain access to the HIV prevention, treatment and care services that they need. AIDS remains the leading cause of death among women of reproductive age globally, and one adolescent girl is infected with HIV every two minutes. Half of all new HIV infections occur in people from key affected populations. Men who have sex with men are 19 times more likely to be living with HIV than the general population. People who inject drugs have 28 times higher HIV prevalence than the general population. And HIV prevalence in sex workers is 12 times greater than in the general population. Lastly, transgender women are 49 times more likely to be living with HIV than other adults of reproductive age.

We need, however, to prioritize. In order to end AIDS by 2030 we must act boldly and innovatively with our finite resources. We must focus on those most in need and on countries most in need. The basis for a successful AIDS response is gender equality. We have to get better at ensuring that girls and women have the tools, services and rights they need to protect themselves. That includes access to information, health and education services, including comprehensive sexuality education, family-planning services, a decent income and the right and ability to negotiate safe sex. It includes working with men to change harmful social norms and end violence against women and girls. We must work harder with Governments to ensure that their laws protect and uphold the sexual and reproductive health and rights of every woman and girl. We look forward to a successful replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria this year.

But we must use our resources and efforts where there are the greatest numbers of HIV infections and deaths and where that group is least able to pay for services. Many lower-income countries simply cannot afford to provide universal access to a combination of HIV prevention and treatment services and ongoing care and support. We are clear that combination prevention is the cornerstone of an effective and sustainable response, and we know a lot about what we need to do there. There is no reason for children to be born with HIV. We know that treatment for the prevention of mother-to-child transmission works. There is also no reason for injecting drug users to contract HIV. We know that harm-reduction works.

In that context, we are very disappointed that the 2011 target for injecting drug users was missed, but we must ensure that no one is left behind. Where countries can afford to finance interventions themselves, we must work with partners and national Governments to encourage them to develop their own programmes and financing, while ensuring that key populations are properly supported. In particular, we need to be sensitive to the needs of key populations in middle-income countries. We have to support responsible transitions. And we can and should do better on that. We need to keep the pressure on Governments to look after their own populations.

Alongside that, we need to continue to invest in broader health-system strengthening, in research and development, market-shaping, including through the International Drug Purchase Facility and the Clinton Health Access Initiative, and in civil society strengthening, including through the Robert Carr Civil Society Networks Fund. Civil society, with its links to communities and people with HIV, has a critical role to play in leading a social movement for prevention, championing the rights of the most-at-risk populations and those living with HIV, providing care and support services to communities that others cannot, and, vitally, calling Governments to account.

Civil society is the heart of the AIDS response, which is why it is so valuable to have them here in these meetings. We need them here. We need to hear their voices, and we also have members of civil society as part of our delegation this week.

In conclusion, the United Kingdom will continue to play its part in the AIDS response and will continue to be a champion, in particular for women and adolescent girls, for key populations and for all those still left behind by the huge progress that we are very proud to have made.

The Acting President: I now give the floor to Mr. Xia Jiang, Deputy Director General of the Bureau of Disease Prevention and Control, National Health and Family Planning Commission of the People's Republic of China.

Mr. Xia Jiang (China) (*spoke in Chinese*): It gives me great pleasure to attend the 2016 high-level meeting of the General Assembly on HIV/AIDS on behalf of the Chinese Government. I wish to express my sincere appreciation to the United Nations for its work to promote prevention and treatment of the AIDS epidemic in the world. HIV/AIDS is not only a global public-health issue, but also a social issue. The control of the AIDS epidemic is an important priority for the world today.

As a responsible major developing country, China has, over the years, actively carried out its commitment with regard to AIDS and has put in place a mechanism for addressing the AIDS epidemic in which the Government leads the departments concerned to work together, and the entire society participates in that endeavour. We have integrated the AIDS programme into the overall national health-reform and development goals. China has made great efforts to extend access to treatment, thereby helping to eliminate stigma and discrimination, so as to ensure that those living with HIV/AIDS and their families can enjoy the rights to prevention, treatment and care for AIDS. Thanks to years of hard efforts, we have largely managed to contain the rapid rise of the AIDS epidemic. Its prevalence is kept at a low level. Infection from intravenous drug users and mother-to-child transmission has been reduced to a low level, and the death rate significantly reduced. Meanwhile, many people living with HIV/AIDS are receiving medical care, support and social protection, and an awareness of social participation has increased. Our social environment and public opinion in support of HIV/AIDS programmes are taking shape.

The AIDS epidemic has no borders. The United Nations Summit meeting for the adoption of the post-2015 development agenda, held last year, adopted the 2030 Agenda for Sustainable Development (resolution 70/1). One of the targets is to end the HIV/AIDS epidemic by 2030. The Joint United Nations Programme on HIV/AIDS has developed a grand vision for the world with the 90-90-90 targets set for 2020 — 90 per cent of those infected know their status, 90 per cent of those infected receive treatment and 90 per cent of those treated have viral suppression — and ending the AIDS epidemic by 2030.

That ambition has painted an overarching picture for the whole world. The adoption of the 2016 Political Declaration on HIV/AIDS: On the Fast-Track to Accelerate the Fight gainst HIV/AIDS and to End the AIDS Epidemic by 2030 (resolution 70/266, annex) highlights our global determination to win the fight against AIDS. China welcomes the support for the adoption of that Declaration. Our experience over the years has shown that in order to achieve the AIDS goals, all countries, organizations and individuals must be mobilized and work together in solidarity and cooperate to identify their responsibilities and develop a joint mechanism. We need to achieve consensus in the following two areas.

First, faced with HIV/AIDS, we must face a common challenge to humankind. Both developing and developed countries should shoulder a common responsibility. We must unite to overcome the barriers of gender, colour, race, religion, values and ideology so as to forge synergy. Developed countries should continue to provide developing countries with selfless and condition-less financial and technical support. Developing countries need to actively explore models for prevention treatment that benefit their national circumstances.

Secondly, as measures for prevention treatment move into the fast track, the demand for treatment and testing will increase rapidly. Businesses and other relevant institutions should assume greater social responsibility so as to ensure adequate resources for services. On the one hand, more resources need to be mobilized for AIDS prevention and treatment in order to enhance the implementation of preventive measures. On the other hand, multinational pharmaceutical companies must drastically reduce the price of some medicines, testing equipment and formulas through technical transfer and original equipment manufacturer production and by lowering the profits they derive from monopolies.

China's AIDS programme is an important part of the global effort to fight AIDS. Our achievements in the fields of AIDS prevention and treatment represent a positive contribution to the global effort to fight the scourge. The Chinese Government is formulating its thirteenth five-year plan of action on the treatment, prevention and control of AIDS. It will strengthen its instruments to fight AIDS on a permanent basis so as to ensure that all concerned Government departments work together. Indeed, all of society must participate in that endeavour.

China will step up its efforts to strengthen awareness-raising, education, testing, consultation,

the prevention of mother-to-child transmission, comprehensive intervention and antiretroviral therapy. China will work hard to ensure universal coverage and access to all services, eliminating social discrimination, protecting the legitimate rights of those living with HIV/AIDS and caring for children affected by AIDS. Meanwhile, China is further strengthening exchange and cooperation with the international community in response to the emerging challenges.

The Chinese Government will continue to take part in the global fight against AIDS. It stands ready to assume its responsibilities and obligations to continue to contribute to global efforts to fight the AIDS epidemic.

The Acting President: I now give the floor to Mr. Jorge Lastra Torres, Director of Assistance Networks of the Ministry of Health of the Republic of Chile.

Mr. Lastra Torres (Chile) (*spoke in Spanish*): On behalf of the delegation of Chile and the Chilean Minister of Health, I welcome the efforts of the United Nations and its Member States to once again to focus on the global conversation on HIV/AIDS, characterizing it as a commitment to humankind.

Fifteen years ago, in this very Hall, we welcomed the announcement of then Secretary-General Kofi Annan promising to make every effort to reverse the trend of the pandemic that had been affecting the lives of millions of people throughout the world. The global achievements in containing the epidemic, together with the lessons learned over the past 15 years, are undoubtedly unprecedented; we now know with certainty what to do. We are therefore at a crucial juncture today: we must take action and fast-track our responses for ending AIDS. In that way, we will have an impact on the fulfilment of the Sustainable Development Goals.

Unfortunately, HIV continues to affect the most vulnerable, socioeconomically unprotected and stigmatized communities. In most countries, the most vulnerable populations are, inter alia, adolescents, young people, women, men who have sex with men, migrants and refugees, sex workers, transgender people and indigenous peoples, whose care is made more difficult by the need to confront various moral and cultural attitudes and economic situations. For that reason, it is even important that we meet at the General Assembly to express humankind's commitment to bringing an end to AIDS and to making a commitment to the human rights and quality of life of our peoples. The challenges we face are rooted not only in the cultural and economic situation that I have referred to, but also in the right to health, specifically access to antiretroviral treatment, which is crucial for people living with AIDS if they are to remain alive and which, today, is required if the primary goal of ending the epidemic by 2030 is to be achieved.

As the report (A/70/811) of the Secretary-General makes clear, people-centred health care is key, and the efficient use of technological innovation is essential. New tools of international cooperation, such as the International Drug Purchase Facilityand its medicines patent pool are examples of how to move forward while respecting international patent agreements. My country participates in collaborative initiatives for making treatments more accessible — for example, through medicine pricing initiatives for the benefit of the poorest countries and populations. But that is still not enough.

We support the establishment of new bodies and collective and supportive initiatives that combine efforts and resources for substantive progress in reducing the economic gap in responding to HIV among countries at different levels of development and within countries. Greater involvement by the relevant stakeholders in achieving those objectives is needed. It is also necessary that the working partnerships between Governments and civil society be deepened and broadened, that the issue be mainstreamed across various State sectors and that there be a more engaged private sector and a fruitful public-private partnership.

We need to generate health policies and actions adapted to the epidemiological, social and cultural realities of the various countries and communities and indigenous peoples. Both nationally and internationally, we need policies that promote human development and solidarity and recognize diversity as a source of cultural wealth. We need to move towards States offering increased and equitable access to comprehensive sex education, especially for our children, adolescents and young people, and full recognitior of the rights of their people with regard to sexual and reproductive health.

For our Government, full respect for the human rights, in the context of HIV/AIDS, of those who have greater vulnerability or who are at greater risk is not only a duty of the State, but a requirement for making progress in controlling the epidemic and fulfilling

the ethical imperatives of an increasingly democratic society. Progress is needed in terms of ensuring the legal and political conditions that will protect and promote the human rights of the entire population.

At today's high-level meeting, I emphasize our commitment to partnership and collaborative work, which we consider to be a central and cross-cutting strategy for achieving the stated objectives and without which success will not be possible. Chile has excelled in that area, and today we wish to acknowledge that fact. For us, civil society and other stakeholders are key players in the national endeavour. Accordingly, we recently opened the National Bureau for Participation in HIV/AIDS Issues and Human Rights, which will focus on the design and implementation of the national response to the epidemic, consistent with the post-2015 global development agenda. That body engages the participation of representatives of civil society designated by their organizations. We appreciate the United Nations contribution to that initiative, which has been undertaken through the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme and the Pan-American Health Organization offices in Chile, which, together with the Ministry of Health, had called for the creation of the Bureau.

In our country, with regard to HIV/AIDS, the promotion of self-care, prevention and comprehensive care are, for the Government, central and relevant parts of the country's national health strategy and its goals for 2020. Prioritized lines of work, early detection and treatment, dedication to health care and the strengthening of the leading health-care network programme will help hold back AIDS, if not death itself. Furthermore, other cornerstones of public policy, such as the promotion of sexual and reproductive health, the prevention of unplanned adolescent pregnancy and the prevention of HIV/AIDS and sexually transmitted infections, play a part in promoting greater safety in sexual behaviour.

Our country has made great strides in that area, with guaranteed access to treatment, increased survival rates and decreased mortality rates. Moreover, Chile is in the process of being declared to have eliminated the vertical transmission of HIV and syphilis, which is in line with the global goals set by international governing bodies such as the World Health Organization and UNAIDS, in particular, the 90-90-90 targets.

We are certain that all those aspects are part of our responsibility, and most of them are linked to actions taken in the health field itself. But we also know that it will not be possible to achieve the desired goals if we do not address the realities of people and their social, cultural and family environments. We cannot make progress without a comprehensive approach to health, without addressing the social determinants of health or without adequate inclusion of gender, diversity, sexual orientation, non-discrimination and social inclusion. The policies that govern our actions are based on those aspects, and we intend to develop them.

Today, as we are meeting here in the Hall to share the achievements, gaps and remaining challenges, we renew our commitments to achieving the dream of putting an end to the AIDS epidemic in our country by 2030 and to contributing thereby to that achievement at the global level.

The meeting rose at 6.20 p.m.